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(F	Requestor's Name)		
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(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT ☐ MAIL		
			
(E	Business Entity Name)		
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(C	Oocument Number)		
Certified Copies	Certificates of Status		
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EXAMINER

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

18 FEB 27 PM 12: L

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: WALKET MANAGEMENT C, LLC (Name of Limited Liability Company)
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
LEONARD W. MILLIGAN (Name of Person)
(Name of Person)
WALKET MANAGEMENT C - LLC. (Firm/Company)
240 FIELD END ST (Address)
SARASOTA, FL 34240 (City/State and Zip Code)
For further information concerning this matter, please call:
LEOVARD W MILLIEAN at (941) 371-4271 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Solution}\$\$\$ Solution Status \$\ \text{Certificate of Status}\$\$\$ Certificate of Status \$\text{Certified Copy}\$\$ (additional copy is enclosed) \$\ \text{Certified Copy}\$\$ (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Linoid (A Florid	C, LL lity Company as it now appears la Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Florida document number <u>L08000</u> /9	Company were filed on 2	•
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and end with the v "L.L.C." B. If amending the registered agent and/or regregistered agent and/or the new registered office ac	gistered office address on ou	
Name of New Registered Agent:		
Name of New Registered Agent: New Registered Office Address:	(Fast	ny Elovida street address
	(Ente	er Florida street address)
	(Ente	er Florida street address), Florida (Zip Code)
	(City)	,

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member <u>Address</u> Type of Action Title Name KEVIN A. MILYGAN Remove Add Remove Add Remove Add Remove \square Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member of authorized representative of a member Typed or printed name of signee Page 2 of 2

Filing Fee: \$25.00