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JUL - 8 2008
EXAMINER



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## **COVER LETTER**

Division of Corporations			
SUBJECT: Walk bird Properties (Name of Limited Liability Company)			
The enclosed Articles of Amendment and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
(Name of Person)  (Sack Distance Sample of City State and Zip Code)			
For further information concerning this matter, please call:  (Name of Person)  (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:  \$\Begin{array}{cccccccccccccccccccccccccccccccccccc			
(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

(Name of the Limited Liability Company as if now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on \(\bar{\text{UNE}}\) \(\bar{\text{Vompany}}\) \(\bar{\

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here

The new name must be distinguishable and end with the w "L L.C."	ords "Limited Liability Company," the	e designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		·
(Principal office address MUST BE A STREET ADI	DRESS)	
		<u> </u>
		A Section 19
Enter new mailing address, if applicable:	•	$\omega$ property
(Mailing address MAY BE A POST OFFICE BOX)		<b>3</b>
		2
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		ords, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flo	orida street address)
		Florida
	(City)	(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(If Changing Registered Agent, Signature of New Registered Agent)

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

**Title** Address Type of Action MERM Eric Foster
MERM Bonnie Foster 17029 Dore fish Ln Remove Add 🗱 Remove \_ Add Remove ☐ Add Remove \_\_\_ ∧dd Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a number or authorized representative of a member Typed of printed name of signee

Page 2 of 2

Filing Fee: \$25.00