

LOF 000 057323

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

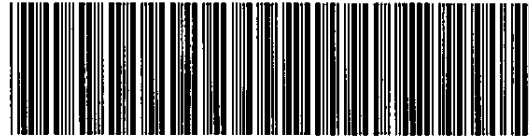
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

# continental

TITLE & CLOSINGS, INC.

2655 LeJeune Road  
Suite 312  
Coral Gables, FL 33134  
Phone (305) 271-5252  
Fax (305) 779-4825

[lvoigt@continentaltitle.com](mailto:lvoigt@continentaltitle.com)

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September 29, 2014

Via Federal Express/ Airbill NO. 8045 5646 6329

Florida Dept. of State  
Division of Corporations  
2662 Executive Center Circle  
Clifton Building  
Tallahassee, FL 32301

Attn: Registration Section.

RE: Walter Walls, LLC, a Florida limited liability company  
Florida Doc. Number: L08000057323  
Our File No. 14-1261

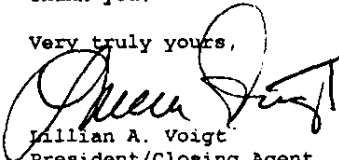
To whom it may concern:

Enclosed please find Articles of Amendment to Articles of Organization of the above referenced limited liability company to be filed with your office. Also enclosed is check in the amount of \$25.00 to cover the fee for this service and a self addressed and stamped envelope for return of proof of filing to our office..

Please contact the undersigned if you have any questions regarding the foregoing.

Thank you.

Very truly yours,

  
William A. Voigt  
President/Closing Agent

Encls.

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Walter Walls, LLC, a Florida limited liability company  
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:

Lillian Voigt

Name of Person

Continental Title & Closings, Inc.

Firm/Company

2655 S. Le Jeune Road, Suite 312

Address

Coral Gables, FL 33134

City/State and Zip Code

lvoigt@continentaltitle.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lillian Voigt

Name of Person

at ( 305 ) 271-5252

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
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**

Walter Walls, LLC, a Florida limited liability company

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on June 10, 2008 and assigned  
Florida document number L08000057323.

This amendment is submitted to amend the following:

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

WALTER WALLS, LLC, a Florida limited liability company

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida 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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Forlana Alliance LP	78 Montgomery St	<input type="checkbox"/> Add
		Suite 6	<input checked="" type="checkbox"/> Remove
		Edinburg, Scotland EH 7 5JA GB	
MGR	Sergey Daniochkin	18671 Collins Avenue	<input checked="" type="checkbox"/> Add
		Apt 1601	<input type="checkbox"/> Remove
		Sunny Isles Beach, FL 33160	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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TALLAHASSEE, FLORIDA  
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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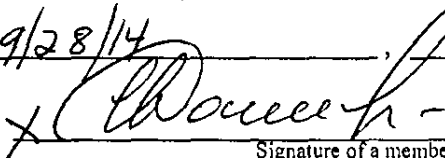
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated

9/28/14



Signature of a member or authorized representative of a member

Sergey Danilochkin

Typed or printed name of signee

Page 3 of 3  
Filing Fee: \$25.00

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