

LOF 000 057723

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

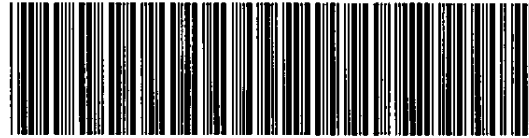
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
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

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

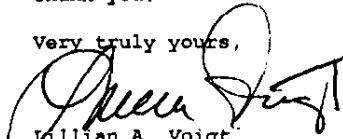
To whom it may concern:

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:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 copmany
(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

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TALLAHASSEE, FLORIDA
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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	Forliana 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

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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.)*

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

[Handwritten Signature]

Signature of a member or authorized representative of a member

Sergey Danilochkin

Typed or printed name of signee

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TALLAHASSEE, FLORIDA