

✓
L0910000631063

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

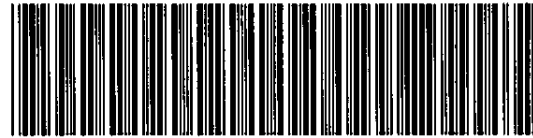
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/06/14--01005--030 **25.00

2014 JAN -6 AM 11:29
FALCON SYSTEMS, INC.

B. BOSTICK

JAN 15 2014

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Waller Pavers, LLC
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:

Graham Judd
Name of Person

Waller Pavers
Firm/Company

PO Box 652
Address

Kathleen, Florida 33849
City/State and Zip Code

Gjuddwashandpaint@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Graham Judd at (863) 450-9572
Name of Person 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

TALLAHASSEE, FLORIDA

2014 JAN -6 AM 11:29

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Waller Payers, LLC.

(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 3/30/2009 and assigned
Florida document number L09000031063

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 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)

3925 Duff Road
Lakeland, Florida 33810

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO Box 652
Kathleen, FL 33849

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:

Graham Judd

New Registered Office Address:

3925 Duff Road

Enter Florida street address

Lakeland

City

Florida

33810

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

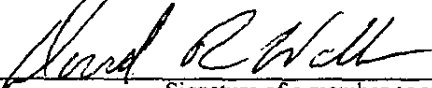
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	David Waller	4902 4909 Tradition Drive Lakeland, FL 33812	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Graham Judd	3925 Duff Road Lakeland, FL 33810	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	Misty Judd	3925 Duff Road Lakeland, FL 33810	<input checked="" 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

EIN 46-4296010

E. Effective date, if other than the date of filing: 01-06-14 (optional)
(If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b))

Dated December 30, 2013.



Signature of a member or authorized representative of a member

DAVID R. Waller

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2014 JAN -6 AM 11:29
FALL APPEALS UNIT GROUP



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 10, 2014

GRAHAM JUDD
POST OFFICE BOX 652
KATHLEEN, FL 33849

SUBJECT: WALLER PAVERS, LLC
Ref. Number: L09000031063

We have received your document for WALLER PAVERS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick
Regulatory Specialist II

Letter Number: 914A00000734

2014 JAN -6 AM 11:29
TALLAHASSEE, FL 32314