09000031859

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



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05/21/09--01015--022 **25.00

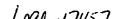
FILED
09 JUN 10 AM 8: 37
SECRETARY OF STATE
FALL AHASSEE, FLORIGA



J. BRYAN

JUN 11 2009

EXAMINER



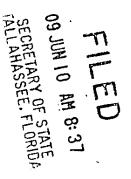


May 22, 2009

MARY E. WALKUP 1550 HARBOR WAY BARTOW, FL 33830

SUBJECT: JWALK LLC

Ref. Number: L09000031859



We have received your document for JWALK 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):

We didn't receive the complete form

We are enclosing the proper form(s) with instructions for your convenience.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 609A00017457

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: JWalk LLC		
	ed Liability Company	
The enclosed Articles of Amendment and fee(s) are subm	nitted for filing.	
Please return all correspondence concerning this matter to	to the following:	
Mary C/O J Wa	Weilkup Name of Person Name of Person	て一下「「
1550 H	HAYbor Way	
loarta	N 12 55830	
	City/State and Zip Code	
E-mail address: (to	© Rocketmail.Com be used for future annual report notification)	
For further information concerning this matter, please call	n:	
Mory Welkup	at (863) 533-9829 Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:		
Sert in Already Paid	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) 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

0	F	TASS IN
(Name of the Limited Liability Compa	ny as it now appears on our records.)	AM 8: 37 SEE. PLORIE
(A Florida Limited I	Liability Company)	워크 씨
The Articles of Organization for this Limited Liability Company Florida document number LOGOS 3859	were filed on OUI-OI-O	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
NIA		
The new name must be distinguishable and end with the words "Limi 'L.L.C."	ted Liability Company," the designation	*LLC" or the abbreviation
Enter new principal offices address, if applicable:	- NA	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	nja.	
 If amending the registered agent and/or registered off registered agent and/or the new registered office address here 	fice address on our records, <u>enter</u> ::	the name of the new
Name of New Registered Agent:	JP	
New Registered Office Address:	Enter Florida street ad	dress
	, 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

MGR = Manager

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:

MGRM = Managing Member Type of Action **Title** Name | <u>Address</u> James T. Walkup X), Add Remove ☐ Add Remove □ Add ☐ Remove Add Remove □Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00