L10000063863

IL

•

Office Use Only



100306500471

12/08/17--01009--003 **25.00

ZIII DEC -8 PM 2: 53 SECRETARY OF STATE

K. SALY DEC 11 2017

COVER LETTER

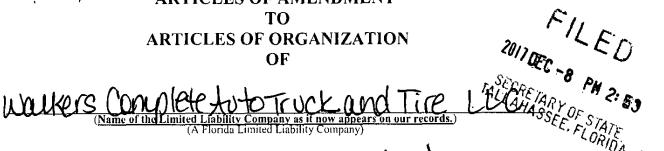
TO: Registration Section Division of Corporations
SUBJECT: Walkers Complete Auto Truck + Tire, Luc Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Robert Worker Name of Person
Warkers Complete Auto Truck + Tire W
2603 11th Ave SE
Ruskin FL 33570 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Pobert Walker at (813) 1415-0736 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$25.00 Filing Fee \$\Bigcup \text{S30.00 Filing Fee & Certificate of Status}\$ Certificate of Status \$\Bigcup \text{Certified Copy (additional copy is enclosed)}} \$\Bigcup \text{S60.00 Filing Fee, 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



(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company) Liability Company)
	- W/U.
The Articles of Organization for this Limited Liability Company	were filed on 6 (15 2010 and assigned
Florida document number LLOOOOlo3863	·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liab	ility 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 or registered agent and/or the new registered office address here.	office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member <u>Title</u> Name Address Type of Action Deana Walker Remove □ Change □ Add □ Remove ☐ Change □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove

☐ Change

	PALLAHASSE OF STA
	- ZHIMED
	- Server / Pro-
	TALLAHASSEE. FLORIO
	OEE, FLORID.
Note:	tive date, if other than the date of filing: 12 17 (optional) Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
the re	cord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of $\frac{1}{2}$ 90th day after the record is filed.
Dated	Dec 2077. Signature of a member of hathorized representative of a member

Page 3 of 3

Filing Fee: \$25.00