

L12000045346

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK
FEB - 1 2013
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

Walkers Island Eatery Restaurant 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:

Louis Witter

Name of Person

High Grove Fractional Home LLC

Firm/Company

Po Box 137973 Et

Address

Clermont FL 34713

City/State and Zip Code

LWitt750@hotmail.com

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

For further information concerning this matter, please call:

Louis Witter

Name of Person

at (321) 946 9944

Area Code & Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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**

WALKER'S ISLAND EATERY 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 04/02/12 and assigned
Florida document number L12000045346

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

269 West Cocoa Beach Cswy
Cocoa Beach FL 32931

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 137973
Clermont FL 34713

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 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

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:

MGR = Manager

MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	ERROL BRYAN	624 HERALDO CT KISSIMMEE FL 3	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Yvonne Campbell	10536 Lake Hassan Cir Clermont FL 34711	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
	Robert Blomsted	P.O. Box 137973 Clermont FL 34713	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	LOUIS WITTE	132 Jocelyn DR DAVENPORT FL 33897	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Verna STEWART	132 Jocelyn DR DAVENPORT FL 33897	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	JOHN GIBBS	108 Carolina Lake DAYTONA BEACH FL 32114	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated

01/28/13

Signature of a member or authorized representative of a member

LOUIS WITTE

Typed or printed name of signee