# L/2000079063

(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:

A. LUNT

JUL 10 2011

**EXAMINER** 

Office Use Only



000237100980

07/05/12--01006--006 \*\*25.00



# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: MIKE WALKER SERVICES L.L.C.  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:
Randy N. Strickland  Name of Person  Mike Walker Services L.L.C.
Mike Walker Services L.L.C. & =
1855 CANAL Rd.
Lake Wales, FL 33898
City/State and Zip Code  Mchoker L Tampa Bry RM. Con  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Randy Strickland at (863) - 287-1367  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  (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

	ruices L.	L.C.			
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appear ited Liability Company)	s on our records.)			
The Articles of Organization for this Limited Liability Comp	pany were filed on	114/201	and assi	gned	
Florida document number <u>L1200019063</u> .					
This amendment is submitted to amend the following:			SECRETALLAHA	<u> </u>	
A. If amending name, enter the new name of the limited	liability company her	<b>e:</b>	SES OF		
			mo >		
The new name must be distinguishable and end with the words "L.L.C."	'Limited Liability Compa	ny," the designation	PATE OF THE ALL	obrewanjon	
Enter new principal offices address, if applicable:	<del></del>	-NA-	<b>→</b> .		
(Principal office address MUST BE A STREET ADDRES	<u>(S)</u>				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		our records, <u>ente</u>	r the name of	f the new	
Name of New Registered Agent:	- NA-				
New Registered Office Address:	- NA - Enter Florida street address				
	11A-				
	City	, Florida _	- N A - Zip Code		
New Registered Agent's Signature, if changing Registered A	gent:				

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** Type of Action Name Address RANDY M. STRICKLAND ☐ Add ☐ Remove ∏Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) We are adding Randy N. Strickland, to the Signature of a member or authorized representative of a member MICHAEL L. WALKER
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00