Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H210002198373)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BEGGS & LANE Account Number : 120020000155 : (850)432-2451

Fax Number : (850)469-3331

Enter the email address for this business entity to be used for future: annual report mailings. Enter only one email address please.

Email Address: brett@ramseyinbox.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RAMSEY & WALKER, LLC

| Certificate of Status | 0 |
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JUN 0 4 2021

A. LUNT

Electronic Filing Menu

Corporate Filing Menu

Help

FILED 2021 JUN -3 PH 4: 06

(((H21000219837 3))) COVER LETTER

| TO: Registration Sec Division of Corp | | | |
|--|--|---|----------------------|
| | Valker, LLC | | |
| SUBJECT: | Name of Limit | ted Liability Company | |
| | | | |
| The enclosed Articles of A | Amendment and fee(s) are subm | nitted for filing. | |
| Please return all correspon | ndence concerning this matter to | to the following: | |
| | John H. Adams | | |
| | 1** | Name of Person | |
| | Beggs & Lane, RLLP | | |
| | | Fina/Company | 7 |
| | 501 Commendencia Street | r F | 二 <u>(三)</u> >:(|
| | | Address | |
| | Pensacola, Florida | | S = < |
| | | City/State and Zip Code | 25 S |
| | brett@ramseyinbox.com | | 3 |
| | | to be used for future annual report notification) | 37 |
| For further information c | oncerning this matter, please ca | | |
| John Adams | | 850 432-2451 at(| |
| Name o | of Person | Area Code Daylime Telephone Number | |
| Enclosed is a check for t | he following amount: | | |
| 🗎 \$25.00 Filing Fee | ☐ \$30,00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) | |
| <u>Mailing Addre</u> Registration | | Street Address: Registration Section | |
| Division of C | - | Division of Corporations The Centre of Tallahassee | |

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

(((H21000219837 3))) ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| The Articles of Organization for this Limited Liability Company were filed on 7/6/2012 and assigned Florida document number L12000092396 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 contain 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 address here: |
|---|
| A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered |
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| B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered |
| |
| 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 |

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

2021 JUN -3 PH 4: 05

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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

| Title | <u>Name</u> | Address | Type of Action |
|---------|----------------|-------------------|--|
| MGR | Brett Ramsey | P.O. Box 5489 | ■Add |
| | | Navarre, FL 32566 | □ Remove |
| | | | □Change |
| MGRM | Brett Ramsey | P.O. Box \$489 | □Add |
| | | Navarre, FL 32566 | ■Remove |
| | | | OChange S |
| AMBR | Darroll Walker | P.O. Box 5489 | 上から A S S S S S S S S S S S S S S S S S S S |
| | | Navarre, FL 32566 | ERemove S |
| | | | ☐ Change > |
| AMBR | Lynda Walker | P.O. Box 5489 | |
| | | Navarre, FL 32566 | ≣Remove |
| | | | Change |
| <u></u> | | | □∧dd |
| | | | ПРетюче |
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| E. Effective date, if other than the date of filing: (If an effective 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 (3)(b) Note: If the date insected in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated Dated Signature of a member or authorized agreecutative of a member | D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) | | | |
|--|--|---------------------------------|------------|----|
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| E. Effective date, if other than the date of filing: | | — <u>C.</u> | Ŧ. | |
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| Dated June 2 . 2021 Signature of a member or authorized representative of a member | Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be | o 605.0207 (3 e listed as th |)(b) i¢ | |
| Signature of a member or authorized representative of a member | | after the | | |
| | Dated June 2 | | | |
| | Signature of a member or authorized representative of a member | _ | | |
| John 13. Adams | John H. Adams | | | |