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SECRETARY OF SIALE
DIVISION OF CORPORATIONS

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## **COVER LETTER**

	egistration Section Section of Corp			
011711707		REAT WALL LLC		
SUBJECT	:	Name of Limi	ted Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are subi	nitted for filing.	
Please retu	ırn all correspo	ndence concerning this matter	to the following:	
		CHRISTINE CHEW		
			Name of Person	
		CHRISTINE CHEW & AS	SOCIATES	
			Firm/Company	
		539 N. MILLS AVE		
			Address	
		ORLANDO, FL 32803		
			City/State and Zip Code	
		CCHEW1@CFL.RR.COM  E-mail address: (	to be used for future annual rep	oort notification)
For furthe	r information c	oncerning this matter, please ca		
CHRISTI	NE CHEW		407 894-7	
	Name o	f Person	Area Code	Daytime Telephone Number
Enclosed	is a check for th	he following amount:		
\$25.0	9 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	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

(Name of the Lim	ited Liability Comp (A Florida Limited	any as it now appears on our re- Liability Company)	cords.)
The Articles of Organization for this Limited I	Liability Company	were filed on 05/01/2013	and assigned
Florida document number L13000063486	·		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liah	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 appli	cable:	N/A	<u> </u>
(Principal office address MUST BE A STRE.	ET <u>ADDRESS)</u>		MAY MAY
Enter new mailing address, if applicable:		4645 NE 14TH PL	F CORP
(Mailing uddress MAY BE A POST OFFICE	(ROX)	OCALA, FL 34470	Siaie Oralio
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:	l/or registered o office address her LIN, JIN RON	<u>e</u> :	ords, enter the name of the new
New Registered Office Address:	4901 E SILVE	R SPRINGS BLVD	
rew registered Office Address.	· · · · · · · · · · · · · · · · · · ·	Enter Florida street ad	idress
	OCALA		, Florida <u>34470</u>
	· · · · · · · · · · · · · · · · · · ·	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 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

Page 1 of 3

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>	<u>Name</u>	Address	Type of Action
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ective date, if other than the date effective date is listed, the date must be te: If the date inserted in this block nument's effective date on the Department's	does not meet the applicable statutory fi	(optional) r more than 90 days after filing.) Pursuant to 605.0 ling requirements, this date will not be listed
record specifies a delayed e he 90th day after the record	fective date, but not an effective is filed.	e time, at 12:01 a.m. on the earlier
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