## 214000190714

(Re	questor's Name)	
(Ad	dress)	
(Ād	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number	)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

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08/01/18--01/6/4 618 \*\*25.00



AUG 2 7 2018 S. YOUNG



August 8, 2018

CINDY M BARTLETT WALDEN'S WAY MANAGEMENT LLC 23110 SR 54 #261 LUTZ, FL 33549

SUBJECT: WALDEN'S WAY MANAGEMENT LLC

Ref. Number: L14000190714

We have received your document for WALDEN'S WAY MANAGEMENT LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

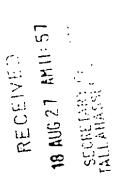
We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young Regulatory Specialist II

Letter Number: 318A00016382





## **COVER LETTER**

TO:

Registration Section Division of Corporations

Registration Section

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

SUBJECT: <u>()</u>	Name of Limi	リーツ(AのAのEのというという ited Liability Company	T L.L.C.
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Cindy	M. Bartle	ett
	WALDEN'S	Firm/Company	BEMENT LLC
	_231/0 S.	R. 54 #26/	مم
	Lutz, Rehmit	FL 3354  City/State and Zip Code  LLC & GMA  to be used for future annual report notifica	FILED AND S: 38
	oncerning this matter, please co	ill:	F. 5: 38
Timber & Name o	f Person	at ( <u>\$13</u> ) <u>598</u> Area Code Daytime To	clephone Number
Enclosed is a check for the	ne 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)
MAIL	ING ADDRESS:	STREET/COURIER	(ADDRESS:

Registration Section Division of Corporations Clifton Building

Tallahassee, Ft. 32301

2661 Executive Center Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liab	bility Company as it now appears on our records.) rida Limited Liability Company)
The Articles of Organization for this Limited Liability	Company were filed on 12/15/201 and assigned
Florida document number <u>L 14000 1 9 0 7</u>	
This amendment is submitted to amend the following:	:
_	— : 7 <b>6</b>
A. If amending name, enter the new name of the li	imited liability company here:
Ø Chance	
The new name must be distinguishable and contain the words "L	imited liability company here:  Limited Liability Company," the designation "LLC" or the abbreviation "L.C."
Enter new principal offices address, if applicable:	E STATE OF THE STA
• •	DREEC .
(Principal office address MUST BE A STREET ADI	imited liability company here:  Limited Liability Company," the designation "LLC" or the abbreviation "L.C."  DRESS)
	_23110 SR 54 # 261 Lutz Florida 33549
Enter new mailing address, if applicable:	4 - 510 110 22549
(Mailing address MAY BE A POST OFFICE BOX)	_ Lutz, 1-10riau 3337/
	the second secon
B. It amending the registered agent and/or represented agent and/or the new registered office agent and/or the new registered office agent.	gistered office address on our records, enter the name of the new ddress here:
Name of New Registered Agent:	Cinda M. Bartlett
	72110 50 511 # 261
New Registered Office Address:	Civay M. Bartlett  33110 SR 54 # 261  Enter Florida sneet address
<u> </u>	Lutz Florida 33549 Zap 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.

IChanging Registered Agent, Signature of New Registered Agent

. If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Mar AMBR = Aut	nager thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Norma J. Love-Be	NOING 4216 GLEN HAVEN LN Tampa, FL. 33618	Add
			☐ Remove
			🗆 Change
			Add
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Effect	tive date, if other than the date of filing:(optional)	TÜR.	ດົມ <b>≆</b>
(lf an ef) <u>Note:</u>	Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date w	រូប <u>ខ្មែរ</u> ម៉ូរ៉ា to (	ક્ષ્ટુંકા201 1 <b>90</b> d as
docun	nent's effective date on the Department of State's records.		
he re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. or 90th day after the record is filed.	n the ea	rlier o
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Page 3 of 3

Filing Fee: \$25.00