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Certified Copies	_ Certificates	of Status
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J. LEGGETT MAR 1 4 2018

TO: Registration Sect Division of Corpo			. .
SUBJECT: Walkel	S Family Hold Name of Limited Lia	ing's LLC	
	Name of Limited Lia	bility Company	.e.
₩.			
The enclosed Articles of A	mendment and fee(s) are submitted	for filing.	
Please return all correspond	dence concerning this matter to the	following:	
	Leonard E W	Name of Person	
	walters Fan	mily Holding	ngs UC
		Firm/Company	
	Pa Ray 35	206	
	P.O. Box 35	Address	and the same of th
	Panama Cit	A FC 3	2412
		o ' (
	General address: (to be u	sed for future annual rep	oort notification)
For further information con	ncerning this matter, please call:		
/ 1	1) 11-1-	<i>4</i> —	K 27 2744
L Con aid	Walters Person		SJ7-2700 Daytime Telephone Number
	4 42041		
Enclosed is a check for the	e following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	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 ORGANIZATION OF

Walters Fa	imily Ho	ndings LLC Ty as it now appears on our records Tability Company)	
(Name of the Limite	d Liability Compar A Florida Limited L	y as it now appears on our records iability Company)	<u>s.</u>)
The Articles of Organization for this Limited Lia	ıbility Company v	were filed on	and assigned
Florida document number <u>L/4060/93/</u>	72.	·	12: 18
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liabi	lity company here:	8 Mill 13 FH 2
The new name must be distinguishable and contain the wo			" or the abbreviation "k.h.C."
Enter new principal offices address, if applica	ıble:	5753 Highwa	4 85N
Principal office address MUST BE A STREET	<u>ADDRESS)</u>	5753 Highwa UNIT 1710 Crestuew, F	C 32536
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E			206 , FC 324/2
B. If amending the registered agent and/oregistered agent and/or the new registered off		fice address on our records	•
Name of New Registered Agent:	BONN	EY + ASSOCIA	TES, P.A.
New Registered Office Address:	514	Magnolia Ave	
	Paris	Enter Florida street addres. C. L. Florida Street addres. City	3
	ranama	City	orida <u>5J40 </u> Zip Code
New Registered Agent's Signature, if changing R	egistered 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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Affective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 day Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	(optional) ys after filing.) Pursua ts, this date will no	ant to 605.0207 ot be listed as
e record specifies a delayed effective date, but not an effective time, at 12 The 90th day after the record is filed.		e earlier o
n 0 1 0 \sim \sim		
Dated March 9, 7018.		
Dated March 9, 2018 Lead & Wall Signature of a member or authorized representative of a member Lean and E Walters J Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00