

L15000011841

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Wallaby Investment Property, LLC  
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:

Michelle Legier  
Name of Person

Wallaby Investment Property, LLC  
Firm/Company

1162 W 21<sup>st</sup> St., Apt #3  
Address

Jacksonville, Fla. 32209  
City/State and Zip Code

michellelegier74@gmail.com  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Michelle Legier at ( 904 ) 586-6542  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee      ☐ \$30.00 Filing Fee & Certificate of Status      ☒ \$25.00 Filing Fee & Certified Copy (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

Wallaby Investment Property, LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on MARCH 14, 2016 and assigned Florida document number L15000011841

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Wallaby Investment Property, LLC  
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1162 W 21<sup>st</sup> St  
Apt # 3  
Jacksonville, Fla. 32209

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1162 W 21<sup>st</sup> St  
Apt # 3  
Jacksonville, Fla. 32209

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 office address here:

Name of New Registered Agent:

Michelle Legier

New Registered Office Address:

1162 W 21<sup>st</sup> St., Apt #3

Enter Florida street address

Jacksonville Florida 32209

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.*

Michelle Legier  
If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Michelle Legier	1162 W 21 <sup>st</sup> St., Apt #3	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32209	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	WC Equity Group, LLC	3030 Rocky Point	<input type="checkbox"/> Add
		Suite 150	<input checked="" type="checkbox"/> Remove
		Tampa, Fla. 33607	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

1. What is the main purpose of the document?  
 2. What are the key findings of the study?  
 3. What are the limitations of the study?  
 4. What are the implications of the study?  
 5. What are the conclusions of the study?  
 6. What are the recommendations of the study?  
 7. What are the future research directions?  
 8. What are the acknowledgments?  
 9. What are the references?  
 10. What are the appendices?

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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(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 inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date in 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 10/19 2017

*[Signature]*

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Typed or printed name of signee