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SECRETARY OF STATE

ALLAHASSEE, FLORIN

2022 FEB 22 AH 10: 03 2022 FEB 22 AH 9: 53

COVER LETTER

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration Section Digision of Corporations
SUBJECT: KATRINA WACTON AND ASSOCIATES FATERMEDIARY SER
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
KATRINA WAZTON Name of Person
KATRINA WALTEN AM ASSOCIATES INTERMEDIARY SERVICES, LLC
1550 S. CHERRY ST
MOUTICETO FZ 32344 City/State and Zip Code KWATON @ CENTURYLINK · NET E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (850) 510 - 95/Z Area Code Daytime Telephone Number
Enclosed is check for the following amount: 1
Mailing Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 FEB 22 AM 10: 03

KATRINA WALTON AND ASSOCIATE	3 INTEXMEDIARY	SERVICES LAC
KATRINA WALTON AND ASSOCIATE (Name of the Limited Liability Company) (A Florida Limited Liability)	as it now appears on our records. bility Company)	MELANASSEE, FLISH
The Articles of Organization for this Limited Liability Company we Florida document number <u>L/500066/890</u>	vere filed on 4/8/15	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y 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)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flori	ida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and rovided for in Chapter 605, F.	I am familiar with and S. Or, if this document is

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 Title Type of Action <u>Name</u> MGR LINSEY TAYLOR 450 CARNEYRO DANGE

AKTICETT MONTICE/10 7232344 DECEMBER _____ Change □Remove □ Change _____ □Remove _____ □Change ____ _ _ _ _ Add __ □Remove ☐ Change _____ 🗀 Add _____ □Remove _____ □Change _ □Remove

_____ Change

	ting any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	ARTICLE IV - REMOVE
	ARTICLE IV - REMOVE TITLE: MEIR
	INKEU TAWOR
	MOUTICE/18, FL 32344
	MOUTICE/18, FL 32344
-	
-	
f an effe Note: I	re date, if other than the date of filing: 2.22-2 (optional) extive 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 605.020 fithe date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a not's effective date on the Department of State's records.
record d is file	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 d.
Dated _	Signature of a member or authorized representative of a member
	KATOINA WATTOW Z-ZZ-ZZ

Filing Fee: \$25.00