

L160000049032

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2016 APR -7 PM 1:12

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K. SALY
EXAMINER
APR 11

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

WALREX, LLC.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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2016 APR -7 PM 1:12
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 03/09/2016 and assigned
Florida document number L16000049032.

This amendment is submitted to amend the following:

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

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)

5600 DEVONBRIAR WAY

UNIT 203

ORLANDO, FL 32822

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5600 DEVONBRIAR WAY

UNIT 203

ORLANDO, FL 32822

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:

WALTER RODRIGUEZ

New Registered Office Address:

5600 DEVONBRIAR WAY

Enter Florida street address

ORLANDO

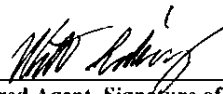
City

, Florida 32822

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

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>
MGR	WALTER RODRIGUEZ	5600 DEVONBRIAR WAY	<input type="checkbox"/> Add
		UNIT 203	<input type="checkbox"/> Remove
		ORLANDO, FL 32822	<input checked="" type="checkbox"/> Change
MGR	FABIANA RODRIGUEZ	5600 DEVONBRIAR WAY	<input checked="" type="checkbox"/> Add
		UNIT 203	<input type="checkbox"/> Remove
		ORLANDO, FL 32822	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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2026 APR 7 PM 1:12
CLARK COUNTY FLORIDA
CLERK OF THE COURT

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

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