# 116000061302

(Requ	iestor's Name)	
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AND HARRIS

## **COVER LETTER**

HOUSE OF	F LEE LLC	,	¢ <sup>2</sup>
SUBJECT:	. <u> </u>		• 
<b>U</b>	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	SHERRIE LEE		
		Name of Person	
		Firm/Company	
	17304 WALKER AVENU	JE SUITE 100	
	<u> </u>	Address	<del></del> -
	MIAMI, FLORIDA 3315	7	
		City/State and Zip Code	
	CARIBECONSTRUCT@A		
		to be used for future annual report noti	fication)
For further information co	oncerning this matter, please c	all:	
SHERRIE LEE		305 240-7086	
Name of	f Person	at () Area Code Daytime	e Telephone Number
The state of		Area code Paytilla	receptance (value)
Enclosed is a check for th	e following amount:		
■ \$25.00 Filing Pee	□ \$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

### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1. 32314

### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

We are Changing the name back to the Original company name of walker Avenue one ILC

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HOUSE OF LEE LLC			
(Name of the Lim	ited Liability Com (A Florida Limite	ipany as it now appears on our record Ed Liability Company)	<u>ds.</u> )
he Articles of Organization for this Limited I	Liability Compa	ny were filed on	and assigned
lorida document number L16000061302			
his amendment is submitted to amend the fol	lowing:		
. If amending name, enter the new name	of the limited lia	ability company here:	
VALKER AVENUE ONE LLC			
ne new name must be distinguishable and contain the	words "Limited Lia	ability Company," the designation "LLC	C" or the abbreviation "L,L.C."
nter new principal offices address, if appli	cable:	N/A	
rincipal office address MUST BE A STRE	ET ADDRESS)	_	
			7
			A5
nter new mailing address, if applicable:		N/A	Section 1
Mailing address MAY BE A POST OFFICE	BOX)		<b>2</b> 400
		<del>二</del> 海的	
			52
. If amending the registered agent and gistered agent and/or the new registered of	/or registered	office address on our records	3+
gistered agent and/or the new registered to	THEE address he	<u> </u>	
Name of New Registered Agent:	N/A		
New Registered Office Address:			
		Enter Florida street addres	ı.
			orida
		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.

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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Change
			Add
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ffective date, if other than the an effective date is listed, the date must ote:  If the date inserted in this blocument's effective date on the Document	at be specific and cannot ook does not meet the epartment of State's r	be prior to date of fi e applicable statute ecords.	ling or more than 90 ory filing requirem	ents, this date will	not be listed	as the
	l effective date, b ord is filed.	out not an effe	ctive time, at 1	.2:01 a.m. on 1	the earlier	of:
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The 90th day after the reco	201	<u></u>	-		. •	
The 90th day after the reco	Signature of a member	atr	scntative of a membe	r	17 #	- 10 mg
The 90th day after the reco	Muu	atr	sentative of a membe	r	17 MAR	2.77 (17.88 (17.87) (17.87) (17.87)
ated	Signature of a member	atr		r	17 MAR 13	

Page 3 of 3

Filing Fee: \$25.00