

L16 0000 93817

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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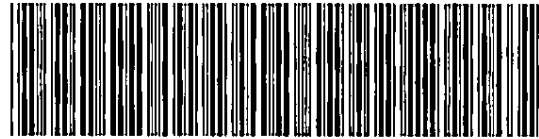
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
07/19/22--01036--019

OCT 11 2022

S. PRATHER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Walters Academy for Entrepreneurship

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:

Veronica J Wiggins

Name of Person

Firm/Company

11213 N Nebraska Ave., Suite 401

Address

Tampa, FL 33612

City/State and Zip Code

drvwalters@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Veronica J Wiggins

813 710-8677
at ()

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

☐ \$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, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

Walters Academy for Entrepreneurship

(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 05/12/2016

Florida document number L16000093817

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Veronica J Wiggins

New Registered Office Address:

11213 N Nebraska Ave Suite 401

Enter Florida street address

Tampa

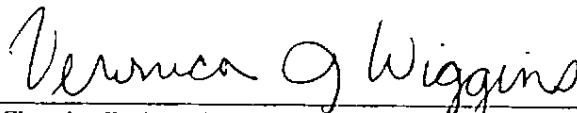
Florida 33612

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

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FILED IN TALLAHASSEE, FLORIDA

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>
<u>VP</u>	<u>Micah Walters</u>	<u>405 W Humphrey St</u>	<input type="checkbox"/> Add
		<u>Tampa, FL 33604</u>	<input checked="" type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u>SEC</u>	<u>Adam Walters</u>	<u>405 W Humphrey St</u>	<input type="checkbox"/> Add
		<u>Tampa, FL 33604</u>	<input checked="" type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u>AMBR</u>	<u>Mekhi Walters</u>	<u>405 W Humphrey St</u>	<input type="checkbox"/> Add
		<u>Tampa, FL</u>	<input checked="" type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u>PRES</u>	<u>Veronica J (Walters) Wiggins</u>	<u>11213 N Nebraska Ave Suite 401</u>	<input type="checkbox"/> Add
		<u>Tampa, FL 33612</u>	<input type="checkbox"/> Remove
		<u></u>	<input checked="" type="checkbox"/> Change
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
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		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change

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

Name change Veronica J Walters to Veronica J Wiggins (Documentation Attached) & Address change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

E. Effective date, if other than the date of filing: 7/12/2022 (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 on 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 July 11 2022

Veronica Wiggins

Signature of a member or authorized representative of a member

Veronica J Wiggins

Typed or printed name of signee

WILKESBORO, FLORIDA

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