## 1600163534

(Requestor's Name)	
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PICK-UP WAIT MA	IL.
(Business Entity Name)	<del></del>
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## **COVER LETTER.**

TO: Registration S Division of Co	ection rporations	•	
WALTON	REAL ESTATE, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub	<del>-</del>	
	RAUL GATESI, JR., ESQ	<b>)</b> ,	
		Name of Person	
	GASTESI & ASSOCIATE	ES, P.A.	
		Firm/Company	<del>*************************************</del>
	8105 NW 155 STREET		<b>3</b>
		Address	SET
	MIAMI LAKES, FL 3301	6	ication)
		City/State and Zip Code	PM
	rgastesi@gastesi.com	to be used for future annual report notif	ication)
For further information of	concerning this matter, please c		=
RAUL GASTESI JR.		305 818-9993	
Name o	of Person		Telephone Number
Enclosed is a check for t	he 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WALTON REAL ESTATE, LLC		
( <u>Name of the Limited Liab</u> (A Flor	ility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L16000163534	Company were filed on August 31, 2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
WEN-WALTON REAL ESTATE, LLC		
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<b>3</b> 700
(Principal office address MUST BE A STREET ADI	DRESS)	SH PET
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		70
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		٠ <u>٠</u> ٠٠٠
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		ter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	-	
	Enter Florida street address	
	, Florida	i
	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:

MGR = Manager

AMBR = Authorized Member Title Name **Address Type of Action** ☐ Remove \_\_ Change 🗀 Add ☐ Remove □ Change \_□ Remove \_□ Change ☐ Add ☐ Remove \_□ Change \_□ Add \_□ Remove \_□ Change □ Remove \_□ Change

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Filing Fee: \$25.00