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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

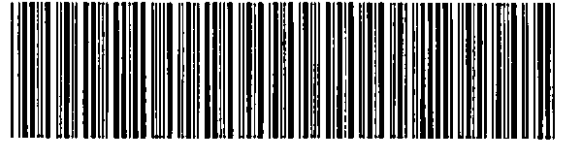
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TALLAHASSEE, FLORIDA

DEC 03 2018  
S. YOUNG



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 20, 2018

KATIE A EDWARDS-WALPOLE  
SAUL EWING ARNSTEIN & LEHR LLP  
200 E LAS OLAS BLVD STE 1000  
FT LAUDERDALE, FL 33301

SUBJECT: WALPOLE LAND SERVICES LLC  
Ref. Number: L16000172643

We have received your document for WALPOLE LAND SERVICES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young  
Regulatory Specialist II

Letter Number: 818A00023831

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TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Walpole Land Services, LLC

\_\_\_\_\_  
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:

Katie A. Edwards-Walpole

\_\_\_\_\_  
Name of Person

Saul Ewing Arnstein & Lehr LLP

\_\_\_\_\_  
Firm/Company

200 E. Las Olas Blvd., Suite 1000

\_\_\_\_\_  
Address

Ft. Lauderdale, FL 33301

\_\_\_\_\_  
City/State and Zip Code

katie.edwards@saul.com

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

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SECOND JUDICIAL CIRCUIT  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Katie Edwards-Walpole

954

713-7650

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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

Walpole Land Services, LLC

(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 09/05/2016 and assigned  
Florida document number L16000172643.

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)

300 NW 5 Street, Suite 310

Okeechobee, FL 34972

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**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:

Kathleen A. Edwards-Walpole f/k/a Kathleen A. Edwards

New Registered Office Address:

300 NW 5 Street, Suite 310

*Enter Florida street address*

Okeechobee

*City*

Florida 34972

*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          | Kathleen A. Edwards-Walpole | 300 NW 5 Street, Suite 310 | <input type="checkbox"/> Add               |
|              |                             | Okeechobee, FL 34972       | <input type="checkbox"/> Remove            |
|              |                             |                            | <input checked="" type="checkbox"/> Change |
|              |                             |                            | <input type="checkbox"/> Add               |
|              |                             |                            | <input type="checkbox"/> Remove            |
|              |                             |                            | <input checked="" type="checkbox"/> Change |
|              |                             |                            | <input type="checkbox"/> Add               |
|              |                             |                            | <input type="checkbox"/> Remove            |
|              |                             |                            | <input checked="" type="checkbox"/> Change |
|              |                             |                            | <input type="checkbox"/> Add               |
|              |                             |                            | <input type="checkbox"/> Remove            |
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|              |                             |                            | <input type="checkbox"/> Change            |

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

Note: MGR-Kathleen Anne Edwards is now married. Her name needs to be changed to reflect her name

change to Kathleen A. Edwards-Walpole. Her mailing address also needs to be changed to

300 NW 5 Street, Suite 310, Okeechobee, FL 34972.

She is still the Registered Agent. Please update her name accordingly.

Thank you.

November 2, 2018

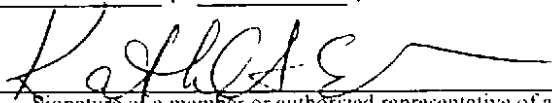
**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(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 November 2, 2018



Signature of a member or authorized representative of a member

Kathleen Edwards-Walpole f/k/a Kathleen A. Edwards

Typed or printed name of signee

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