117000024710

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COVER LETTER

Div	ision of Cor	porations					
SUBJECT:	Walker Living Legend LLC						
NOBJECT.		Name of Limited Liability Company					
The enclosed	l Articles of .	Amendment and fee(s) are sub	mitted for filing.				
Please return	all correspo	ndence concerning this matter	to the following:				
		DeMarcus Walker					
			Name of Person				
		Walker Living Legend LL	C				
	12349 Winterpine Court						
			Address				
		Jacksonville, Florida 3222	5				
			City/State and Zip Code				
		44process@gmail.com		-			
		E-mail address: (to be used for future annual report noti	fication)			
For further in	nformation co	oncerning this matter, please ca	all.				
DeMarcus V	Valker		904 832 1158 at ()				
	Name of	f Person	Area Code Daytim	e Telephone Number			
Enclosed is a	check for th	ne following amount:					
□ \$25.00 F	iling 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

TO:

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, FI, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Walker Living Legend 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 $\frac{1/31/17}{2}$ and assigned Florida document number L17000024710 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 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: New Registered Office Address: Enter Florida street address _, Florida ₋

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.

City

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>	Address	Type of Action
MGR	Raymond, David	1207 Powell Court	
		Atlanta GA 30316	Remove
			Change
Mbc	Demar WS_ Warker		Add
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o) The 90th	day after the	e record is	filed.						
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Dated	- 1	<u> </u>	<u>.u</u>	· · ·					
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Typed or printed name of signee

Filing Fee: \$25.00