L17000025543

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SECRETARY OF STATE TALLAHASSEE.FLORIDA

COVER LETTER

Division of Corp	orations		
SUBJECT. TESEA	ZE WALKER PLLC		
SUBJECT:	ZE WALKER PLLC	ed Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspor	ndence concerning this matter to	the following:	
	1500075 10/01/5	i-a	
	TELEBRIC VALLE	Name of Person	
	TERRAZE WALKE	Firm/Company	
		Firm/Company	
	950 SW 98th	Ave Address	
	Penseone Piver	City/State and Zip Code	
		•	
	E-mail address: (to	@ igneal. com o be used for future annual report notifi	cation)
For further information c	oncerning this matter, please ca	ill:	
TERRIZE WALLE	- -v	at (954) 881 55 Area Code Daytime	311
Name o	f Person .	Area Code Daytime	Telephone Number
Enclosed is a check for the	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:

TO: Registration Section

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

Name of the Limited Liabil	lity Company as it now appears on our da Limited Liability Company)	records.
The Articles of Organization for this Limited Liability (Florida document number <u>L17000025563</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Liter new principal offices address, if applicable:	mited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Principal office address MUST BE A STREET ADD	DRESS)	ALL SE
Enter new mailing address, if applicable:		JAN 22
(Mailing address MAY BE A POST OFFICE BOX)		AH II AH
B. If amending the registered agent and/or regregistered agent and/or the new registered office ad	gistered office address on our s ldress here:	records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	et address
		Florida
	City	z.ip Соае

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>	Address	Type of Action
AMBR	Kinstery Warker	950 SW 98th AVE.	
		PEMBRUOKE PINES FL 33025	Remove
			Change
			□ Remove
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			Add
			Remove
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record specifies a he 90th day after			te, but n	ot an eff	fective ti	me, at 13	2:01 a.m	i. on the	earlie	er (
ed January	15th	·	<u> 206</u>							
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Filing Fee: \$25.00