## L17000077803

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## **COVER LETTER**

SUBJECT:  WALKER SPORTS, 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:  DAVID J MAKAUSKAS. SR  Name of Person  WALKER SPORTS, LLC  Firm/Company  4397 KETTERING CT  Address  JACKSONVILLE, FL 32257  City/State and Zip Code  david.walkersports@gmail.com	
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:  DAVID J MAKAUSKAS. SR  Name of Person  WALKER SPORTS, LLC  Firm/Company  4397 KETTERING CT  Address  JACKSONVILLE, FL 32257  City/State and Zip Code	
DAVID J MAKAUSKAS. SR  Name of Person  WALKER SPORTS, LLC  Firm/Company  4397 KETTERING CT  Address  JACKSONVILLE, FL 32257  City/State and Zip Code	
DAVID J MAKAUSKAS. SR  Name of Person  WALKER SPORTS, LLC  Firm/Company  4397 KETTERING CT  Address  JACKSONVILLE, FL 32257  City/State and Zip Code	
Name of Person  WALKER SPORTS, LLC  Firm/Company  4397 KETTERING CT  Address  JACKSONVILLE, FL 32257  City/State and Zip Code	
WALKER SPORTS, LLC  Firm/Company  4397 KETTERING CT  Address  JACKSONVILLE, FL 32257  City/State and Zip Code	
Firm/Company  4397 KETTERING CT  Address  JACKSONVILLE, FL 32257  City/State and Zip Code	
Address  JACKSONVILLE, FL 32257  City/State and Zip Code	
JACKSONVILLE, FL 32257  City/State and Zip Code	
JACKSONVILLE, FL 32257  City/State and Zip Code	
City/State and Zip Code	
david walkowa orto@wwwil oor	
david.walkersports@gmail.com	_
E-mail address: (to be used for future annual report notification)	-
For further information concerning this matter, please call:	, T.,
DAVID J MAKAUSKAS, SR 904 652-7690 at ()	
Name of Person Area Code Daytime Telephone Number 5	100万 157 157 157
Enclosed is a check for the following amount:	- <u>-</u> -
□ \$25.00 Filing Fee Certificate of Status □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)	

TO:

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

(A Florida 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 04/06/2017 and assigned Florida document number L17000077803

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 "LLC."

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)

JACKSONVILLE, FL 32257

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 add	lress
	,	Florida
<del></del>	City	Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

WALKER SPORTS, LLC

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
MGR	Ryan K Walker	2645 FAIRWAY FARMS CT.	□Add
		JACKSONVILLE, FL 32223	■Remove
			□Change
MGR	DAVID J MAKAUSKAS, SR	4397 KETTERING CT	■Add
		JACKSONVILLE, FL 32257	□Remove
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	April 28, 2	2020		
Effective date, if other than the (If an effective date is listed, the date m. Note: If the date inserted in this document's effective date on the	ne date of filing: nust be specific and cannot be price block does not meet the appli	or to date of filing or more the cable statutory filing requ	(optional) in 90 days after filing.) Pursuant to 60 pirements, this date will not be li	05.0207 (3)( sted as the
he record specifies a delayed effect ord is filed.	ive date, but not an effective	time, at 12:01 a.m. on the	earlier of: (b) The 90th day af	ter the
Dated April 28	2020			
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Typed or printed name of signee