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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: WALKER - KAMM 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:	
DEREK A. WALKER Name of Person	_
Name of Person WAULER - ICAMM	
Firm/Company	-
3408 DUNES VISTA DR-	_
Pompano Beach Fla. 33069 City/State and Zip Code	-
DELEK WALIZER 07 @ CMAIL. Com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	三位 二
DEREK WALKER at (954) 263 0639 Area Code Daytime Telephone Number	TIE S
Name of Person Area Code Daytime Telephone Numbe	ENLED RIVER
Enclosed is a check for the following amount:	6 1 45
(additional copy is enclosed) Certified	thing Fee, ate of Status &

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

WALKEK - KAI		
(<u>Name of the Limited Liab</u> (A Flor	oility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability Storida document number / 7000/2 665		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:	
he new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or the abl	oreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADL	DRESS)	····
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX	-	
3. If amending the registered agent and/or reg	victored office address on our records enter	the nume of the new
egistered agent and/or the new registered office ad		ine name or the nev
	<u> </u>	
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	SE TILE
Traine of their registered rigent		7 0 m
New Registered Office Address:	P. P. Charles and D.	<u> </u>
	Enter Florida street address	
	, Florida	
	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 **Type of Action** Title <u>Address</u> Name MGR KEVIN KAMM 2720 NE 10th ANE. KAdd POMDANO BEACH FLA 33064 Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change ☐ Change □ Add ☐ Remove ☐ Change

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ffective date, if other than an effective date is listed, the date	the date of filing:	be prior to date of filing o	c more than 90 days after fili	d) ng 1 Pursuant to 605 020
lote: If the date inserted in the ocument's effective date on the	is block does not meet the	applicable statutory fi		
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e record specifies a dela The 90th day after the	ayed effective date, but record is filed.	ut not an effective	e time, at 12:01 a.m	
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Dated JUNE 18	heli	-		-

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Typed or printed name of signee

Filing Fee: \$25.00