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	equestor's Name)	
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	□ \A/A/T	C MAN
☐ PICK-OP	☐ WAIT	☐ MAIL
(Bu	isiness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
Special instructions to	Thing Officer.	

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SECRETARY OF STATE FALLAHASSEE, FLORIDA

MAR 1 9 2018

COVER LETTER

то:	Registration Se Division of Cor			
SUBJI	ECT:	Walker-		
		Name of Lim	ited Liability Compan	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Kev	in Kamm	
			Name of reison	
			Firm/Company	
		2720 N.E. 1	Oth Avenue	
		Pompano B	Seach, FL 33	3064
			to be used for future annual repo	ort notification)
For fur		oncerning this matter, please co	all:	
	Kevin Name o	Kamm FPerson		56 - 0140 Daytime Telephone Number
Englos	ed is a check for th	ne following amount:		
dz \$ 2:	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ING ADDRESS: ation Section	STREET/C Registration	OURIER ADDRESS:
	Divisio	on of Corporations	Division of C	Corporations
		ox 6327 assee, FL 32314	Clifton Buik	ling ive Center Circle
	ranana	ionee, i i Jadi ^a	Tallahassee,	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Walker-Kar	nm LLC
(Name of the Limited Liability Comp (A Florida Limited	any as n now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Compander of Organization for the Limited Liability Compander of C	y were filed on $\frac{6/9/2017}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
he new name must be distinguishable and contain the words "Limited Liab	ility 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)	
	18
	MAR
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
	office address on our records, enter the name of the fiew
registered agent and/or the new registered office address he	<u>re</u> :
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>
hereby accept the appointment as registered agent and agorovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office ompany has been notified in writing of this change.	provided for in Chapter 605, F.S. Or, if this document is
If Chi	anging Registered Agent, Signature of New Registered Agent

Page 1 of 3

If amending	Authorized Person(s) authorized (from our records:	to manage, enter the title, name, and	address of each person being added
MGR = M			
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Kevin Kamm		Add
		2720 N.E. 10th Ave Pomparo Beach, F	nue Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			Add
			□ Remove
			Change
			🗆 Remove
			☐ Change
		-	Remove
			☐ Change
	·····		□ Add
			П Ветюче
			☐ Change

. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	_
	-
	_
	_
	SEC TALL
	SECRETARY ALLAHASSE 18 MARITO
	ARY OF ASSEE. F
	7. CO
	RIDA RIDA
	_
	_
(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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.	505.0207 (3)(b) isted as the
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the eact). The 90th day after the record is filed.	dier of:
Dated March 10 , 2018 . Signature of a member or authorized representative of a member	
Kevin Kamm Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00