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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Walking nt Name of Li	Designs LLC mited Liability Company
The enclosed Articles of Amendment and fee(s) are so	ibmitted for filing.
Please return all correspondence concerning this matter	er to the following:
3925 S.	Name of Person Scontrol Service, Inc Firm/Company Nova Road Address Orange, FZ 32127 City/State and Zip/Code ASINESS CONTROL SERVICE NET (to be used for future annual report notification)
For further information concerning this matter, please	
Hannah Buyd Name of Person	at (384) 760 · 5454 Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$25.00 Filing Fee	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy tadditional copy is enclosed) Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

walknight Designs LLC
(Name of the Limited Liability Company & it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on 6 20 17 and assigned Florida document number 6 20 344 7 3
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 "L.L.C."
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: WICHOI McClary wrong
Name of New Registered Agent: WIChOl McClary wing New Registered Office Address: 7835 Regard Croscent Dave original, Ether Florida street address
South Daytonal Florida 32119

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, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member <u>Title</u> Name | Address **Type of Action** MGR Michal McClary (spelled name wrong) onginally □ Add ☐ Remove \\ \tange □ Add ☐ Remove ☐ Change \square Add ☐ Remove ☐ Change _□ Remove ☐ Change □ Add □ Remove ☐ Change □ Add : ☐ Remove

□ Change

					
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effective date is liste <u>e:</u> If the date inse	ner than the date of ed, the date must be specif rted in this block does date on the Departmen	ic and cannot be prior t not meet the applica	o date of filing or more the	optional) nan 90 days after filing.) Pe puirements, this date wil	irsuant to 605,0 I not be listed
record specifies ne 90th day af	s a delayed effecti ter the record is fi	ve date, but not led.	an effective time	, at 12:01 a.m. on	the earlier
ed Tung	26	2017	·		
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Filing Fee: \$25.00