# 117000165179

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## **COVER LETTER**

Oceanwalk SUBJECT:	ters 18205, LLC			
30bjec1	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Dolores Walker			
	Oceanwalkers 18205, LLC			
		Firm/Company		
	1778 Holland Court			
	-	Address	·	
	Longwood, FL 32779			
	dejonwalker@gmail.com	City/State and Zip Code		
	E-mail address: (	to be used for future annual report notific	cation)	<b></b>
For further information c	concerning this matter, please co	all:		TALL SECTION
Dolores Walker		904 229-6067 at ( )		調言に
Name o	f Person		Telephone Number	FILED PH 2: HA
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	e of Status &

### MAILING ADDRESS:

Registration Section

**Division of Corporations** 

TO:

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

Oceanwalkers 18205, LLC		
(Name of the Limited	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab	pility Company were filed on August 2, 2017	and assigned
Florida document number L17000165179	·	
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "L1.C" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicat	ole:	
Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE B	<u> </u>	
		TESS TO SERVICE STATE OF THE S
<ol> <li>If amending the registered agent and/or registered agent and/or the new registered office</li> </ol>	registered office address on our records, <u>enter</u>	er the name of the
egistered agent and/or the new registered offic	te address nev.	福二百
Name of New Registered Agent:		SK O M
Name of New Registered Agent.	<del></del>	200
New Registered Office Address:	Enter Florida street address	72
	, Florida	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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Jon Walker	1778 Holland Court	Add
		Longwood, FL 32779	☐ Remove
		<del></del>	
			Add
		<del></del>	Remove
			Add
			Remove
			☐ Change
			Add
			Remove
			Regnove
		<del></del>	□ Add
			☐ Remove
			Change

ii ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
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-	<del></del>
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(If an effi	ve date, if other than the date of filing:
the rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
) The	
Dated	90th day after the record is filed.
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Dolores Walker
	Typed or printed name of signee

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Filing Fee: \$25.00