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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Walker Security Services, 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:
Darry A. Walker Name of Person
Walker Security Services, LLC
P.O. BOX 1115
Riverview FL 33568 City/State and Zip Code
Y ad Na Ker a Not mail . Com E-flail address: (to be beed for future annual report notification)
For further information concerning this matter, please call:
Ruth M. Walker at (813) 454-8934 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Sectificate of Status Sectified Copy (additional copy is enclosed) \$25.00 Filing Fee Certified Copy (additional copy is enclosed) \$25.00 Filing Fee Certified Copy (additional copy is enclosed)

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

Walker Securit	hi Services il	1 C	
(Name of the Limited Liability Compan (A Florida Limited Li	y as t now appears on our records.)		
The Articles of Organization for this Limited Liability Company v	were filed on 92717	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company here:		
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" or	the abbreviation "L.I.C."	
Enter new principal offices address, if applicable:			_
(Principal office address MUST BE A STREET ADDRESS)		1	_
		1	_
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		译	_
		ಲ್ಲ	_
B. If amending the registered agent and/or registered off	_		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here.		nter the name of the	new
		5 6	
Name of New Registered Agent:			_
New Registered Office Address:			
	Enter Florida street address		
·	, Florid	ia Zip Code	_
ew Registered Agent's Signature, if changing Registered Agent:	·		
hereby accept the appointment as registered agent and agree ovisions of all statutes relative to the proper and complete procept the obligations of my position as registered agent as put ing filed to merely reflect a change in the registered office a mpany has been notified in writing of this change.	performance of my duties, and I rovided for in Chapter 605, F.S	am familiar with and . Or, if this document is	
If Chang	ging Registered Agent, <u>Signature of N</u>	ew Registered Agent	

If amending Au or removed fro		ge, enter the title, name, and address of each p	erson	being added
MGR = Mana AMBR = Auth	ager orized Member			
<u>Title</u>	Name	Address	Type o	f Action
MGR	Darry I A. Walker	P.D. Box 1115 Riverview, FL 33568	D Ad	
			🗆 Rei	nove
			🗆 Ch	l ange
AMBR	Darry 1 A. walker	P.O. BOX 1115 RIVERVIEW, FL3356E	_TZ Ad	d
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ive date, if other than the date of filing: (option fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after the date inserted in this block does not meet the applicable statutory filing requirements, this	filing.) Pursuant to 605.
nent's effective date on the Department of State's records.	date will not be fiste
cord enocifies a deleved effective date. hut act as effective time. It 12.04 a	an an Alba naulian
cord specifies a delayed effective date, but not an effective time, at 12:01 at 90th day after the record is filed.	.m. on the earlie
October 25, 2017.	
Reich M. Walker	
Signature of a member or authorized representative of a member	
Ruth m. Walker	

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Filing Fee: \$25.00