L18000010478

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Registration Section

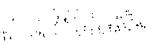
Tallahassee, FL 32314

Division of Cor	porations		
SHRIFCT: Walkabout	Retreat Vacation Rentals, LLC	:	
Sobolett. Wallacour	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Amy Hanson	Name of Person	
		rvalle of Felson	
	Walkabout Retreat Vacation	on Rentals Firm/Company	
	887 Bay Drive	Address	
	Summerland Key		
		City/State and Zip Code	
	walkaboutretreat@gmail.co E-mail address: (rm to be used for future annual report n	otification)
For further information c	oncerning this matter, please c	all:	
Amy Hanson		at (305) 745-4030	
Name o	f Person	Area Code Days	time Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 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)
Mailing Addres		Street Address:	
Registration Section		Registration Section Division of Corporations	
Division of Corporations P.O. Box 6327		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION



21 JUN - 1 RM ! 1:01

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on January 11, 2018 and assigned Florida document number L18000010478 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:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

Walkabout Retreat Vacation Rentals, LLC

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.

Enter Florida street address

., Florida

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

Address 21 JUN - | AMII: 01 MGR = Manager AMBR = Authorized Member Type of Action Title Name 887 Bay Drive, Summerland Key, FL 33042 MGR Timothy E. Beasley _____ Change _____ □Change _____ □Add _____ □Remove _____ Remove _____ □Change

	21 JUH -1 AMIT: 01	
	2100	
<u></u>		
		
ive date, if other than the date of filing:	(optional)	
	or to date of filing or more than 90 days after filing.) Pursuant to 605, licable statutory filing requirements, this date will not be listed	
nent's effective date on the Department of State's record		
	time, at 12:01 a.m. on the earlier of: (b) The 90th day after	
led.		
May 27 , 2021		
//////		
(V. Att 2 2 2 87)	'a /	
Signature of a member or aut	thorized representative of a member	