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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Walker Global Seven 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:
Alexis Pietraszhiwicz
Firm/Company
510 Main St. Suite 217
Williamsville NY, 14221 City/State and Zip Code
alexis Pictia a advantage at halresources con Enail address: (to be used for further annual report notification)
E-hail address: (to be used for further annual report notification) For further information concerning this matter, please call:
Alcok Pietraszhewicz at (210) 414-8987 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & \Bigcup \\$55.00 Filing Fee & \Bigcup \\$60.00 Filing Fee. Certificate of Status & Certificate of Status & 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

Wainer Global Sever	1 LLC			
(<u>Name of the Limited Liability</u> (A Florida l	y Company as it now appears on our records.) Limited Liability Company)			
The Articles of Organization for this Limited Liability Co Florida document number <u>L1800001016(a(a</u>	,	and assi	igned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	<u> </u>			_
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LLC" or the abl	oreviation "L.1	C."	
Enter new principal offices address, if applicable:				_
(Principal office address MUST BE A STREET ADDRE	<u></u>			_
Enter new mailing address, if applicable:				-
(Mailing address MAY BE A POST OFFICE BOX)				_
B. If amending the registered agent and/or registeregistered agent and/or the new registered office address. Name of New Registered Agent:		the name of	of the 2018 OCT	new
		<u> </u>	(3)	
New Registered Office Address:	Enter Florida street address			hain!
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	, Florida	Zip Code	<u>යා</u>	
	C";			

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
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			☐ Remove
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(If an effective of Note: If the	te, if other than the date is listed, the date me date inserted in this be affective date on the I	ist be specific and block does not m	cannot be prior neet the applic	able statutory f	or more than 90 di iling requireme	_(optional) ays after filing.) I nts, this date w	Pursuant to 605.02 ill not be listed	207 (3) as the
	specifies a delaye day after the re		ate, but no	t an effectiv	e time, at 13	2:01 a.m. o	n the earlier	of:
Dated	Och							
_		Signature of a n	Ta	1				
_		Signature of a n	nember or auth	rized representa	tive of a member			
_			Kathe	ine Rac	سمد			

Page 3 of 3

Filing Fee: \$25.00