Division of Corporations Electronic Filing Cover Sheet

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(((H180001783113)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : 120010000062 : (323)962-8600 Phone : (323)962-3889 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MR WALLACE CONSULTING, LLC

Certificate of Status	0
Certified Copy	1
Page Count	06
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K. SALY

JUN 1 5 2018

Electronic Filing Menu Corporate Filing Menu

Help

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Name of Person Area Code Daytime Telephone Number

Daytime Telephone Number

Enclosed is a check for the following amount:

□ \$25.00 Filing Fcc

\$30,00 Filing Fee & Certificate of Status

■ \$55,00 Filing Fee & Certified Copy (additional copy to enclosed)

 \$60,00 Filing Fee, 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

MR WALLACE CONSULTING, LLC

ARTICLES OF C	AMENDMENT O ORGANIZATION OF	To the top of the second secon
MR WALLACE CONSULTING, LLC		4
(Name of the Limited Liability Compa (A Florida Limited)	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000106632</u>	were filed on <u>04/27/2018</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	vility company here:	
A. It amending mane, they me at a name of the minited have	and a second second	
The new name must be distinguishable and end with the words "Limited University of the control o	nility Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	15 E Chivas Lane Unit 208A	
(Principal office address MUST BE A STREET ADDRESS)	Santa Rosa Beach, FL 32459	
		
Enter new mailing address, if applicable:	15 E Chivas Lane Unit 208A	
(Mailing address MAY BE A POST OFFICE BOX)	Santa Rosa Beach, FL 32459	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	ffice address on our records, <u>e</u> e:	nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Floricki street califress	
	Florid	la
	City	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 Chunging Registered Agent, Signature of New Registered Agent

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records: MGR = Manager AMBR = Authorized Member Type of Action Title Name Address _□ Remove _□ Remove ___ □ Remove ____ Bemove _____ □ Remove

Page 2 of 3

Article IV. The	address of authori	ized member Mark Wallace is amend	ed to read as	
follows: 15 E (Chivas Lane Unit 2	08A, Santa Rosa Beach, Walton, FL	32459	
				
that whether the the section				
Effective date, if other	er than the date of fi	iling:	(optional)	
THE CHECKIVE DATE MUSICIPE	SPECIFIC, COMMONICS PARTY	to date of receipt of fried date date date candidate be blisse a	and to they it talled	
the date this document is	filed by the Florida Depur	tment of State)	772 6	
the date this document is Dated	Siled by the Florida Depur	tment of State)	18 56	E E
the date this document is	Siled by the Florida Depur	of a member or authorized representative of a mem	nber S	FILED

Page 3 of 3

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