L18000143007

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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1021 SEP -1 AM 9: 43 SECRETARY OF STATE

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	31126	Jalker Mas	N3000
SOBJECT:	Division of Corporations T:		
The enclosed Articles of	Amendment and fee(s) are subm	itted for filing.	
Please return all correspo	ndence concerning this matter to	the following:	
	Eric	Name of Person	73.
	100	L Walker M	<u>Vaisoury</u>
	248	7th St. S.W.	
	118 Da	City/State and Zip Code	Pol
	Walkermas E-mail address: (10	be used the future annual report noti	maylication)
For further information c	oncerning this matter, please cal	l:	
Name o	Walker f Person	at (352) 870 - Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
\$\$25,00 Filing Fee	S30,00 Filing Fee & Certificate of Status	☐ \$55.00 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 S		Registration Sc	
Division of C P.O. Box 632	-	Division of Cor The Centre of T	•
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2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3N1 Walker	Masonry				
(Name of the Limited Liability Compa (A Florida Limited I	ny <u>as it now appears on out records.</u>) .tability Company)				
The Articles of Organization for this Limited Liability Company Florida document number \(\lambda \frac{1800014300^7}{}.\)	were filed on Sixty 11,-2	2018_ and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company here:				
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	he abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	<u> </u>	2021 SE			
(Principal office address MUST BE A STREET ADDRESS)		S THE			
	\0				
Enter new mailing address, if applicable:		10 10			
(Mailing address MAY BE A POST OFFICE BOX)		ति क			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the p	name of the new registered			
Name of New Registered Agent:	N/H				
New Registered Office Address:	Enter Florida street address				
	, Florid:	Zıp Code			
New Registered Agent's Signature, if changing Registered Agent:					
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and Lo provided for in Chapter 605, F.S.	am familiar with and Or, if this document is			
If Chai	nging Registered Agent, Signature of Nev	v 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>	Address	Type of Action
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			□Remove
			□Change
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			□Remove
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ffective date, if other an effective date is listed, the listed ocument's effective date.	he date must be specific ar Lin this block does not	nd cannot be prior to o meet the applicabl	date of filing or more	than 90 days after filequirements, this d	ing.) Pursua	unt to 605.0 ot be listed
record specifies a delaye	ed effective date, but no	ot an effective time	, at 12:01 a.m. on (the earlier of: (b)	The 90th	day after t
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is filed.		1202				
t is filed. Pated	110	2021				

Filing Fee: \$25.00