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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: WALTERS TOOLS 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:	
JASON WACTERS Name of Person	
WALTERS TOOLS LLC Firm/Company	
7998 HESTER AUE Address	
Palm Bay FL 32909 City/State and Zip Code JWALT 1987 @ HOTMAT L-COM E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
ASON INALTERS at (321) 537-4788 Name of Person Area Code Daytime Telephone Number	_
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee & □	Status &

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

1	OF
(Name of the Limited Liabili	ity Company as it now appears on our records.)
(A Florid	a Limited Liability Company)
The Articles of Organization for this Limited Liability C	Company were filed on OOO and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	nited liability company here:
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
orida document number	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	lress here:
registered agent and/or the new registered office add	—————————————————————————————————————
Name of New Registered Agent:	5/3
New Registered Office Address	
New Registered Office Address.	Enter Florida street address
	유 사 다 다 다 다 다 다 다 다 다 다 다 다 다 다 다 다 다 다
	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 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>	Address	Type of Action
AMBR	JASON WALTERS	2998 HESTER AUE	Add
		Palm Bay FL, 32909	Remove
			Change
			DAdd
			Remove
			Change
			Add
			🗆 Remove
			□ Change
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			Change
			□ Remove
			Change

. It amending any other information, enter change(s) here: (Attach daditional sheets, if necessary.)	
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Effective date, if other than the date of filing: 7-2-8 (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Parsuant to 605.0 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be disterted document's effective date on the Department of State's records.	i as the
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed.	- E
Dated $7-2-18$	
Signature of a member or authorized representative of a member	
Brandi Watters Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00