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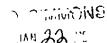
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Office Use Only



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## COVER LETTER

COVER LETTER
TO: Registration Section Division of Corporations
SUBJECT: Walts Construction LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Curtis E Nowling
Walts Construction LLC Firm/Company
564 Ridge Rd Address
Eastpoint FL 37378  City/State and Zip Code
E-mail address (to be used for future annual report notification)
For further information concerning this matter, please call:
Curtis E. Nowling at (850) 323-2046  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\text{Certificate of Status}\$\$ Certificate of Status \$\text{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

Wats Construc	Hun LLC lity Company as it now appears on la Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability of Florida document number <u>L 18006</u> 334	Company were filed on 12.	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	<u></u>
		<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u>~~</u>
B. If amending the registered agent and/or registered agent and/or the new registered office add		r records, <u>enter the name of the nev</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida s	treet address
		, Florida
	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

Title	<u>Name</u>	Address	Type of Action
<u>AMBR</u>	Coy Shiver	164 Hickory Dip Rd	B-Kdd
		164 Hickory Dip Rd Eastpoint, PL 32328	🗆 Remove
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Adding	authorized	member	
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ecord specifies a delayed e 90th day after the reco		n effective time, at 12:0	)1 a.m. on the earlie
1 January 11	1019 tris E New		
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Page 3 of 3

Filing Fee: \$25.00