Oct. 9	2019 4:29FM No. 0945	P. 1
	Florida Department of State Division offerportions Electronic Filing Cover Sheet	1
	Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.	CF
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	Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page Doing so will generate another cover sheet.	C.
	To: Division of Corporations Fax Number : (850)617-6383	
	From: Account Name : GUNSTER,YOAKLEY & STEWART,P.A. Account Number : 076117000420 Phone : (561)650-0728 Fax Number : (561)671-2527	2019 C C
PN 6: 48	<pre>**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address:</pre>	F: 5 2
2019 ROT -9	LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WALTON ACCOMMODATIONS 23, LLC	
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	Estimated Charge \$25.00	

Corporate Filing Menu Electronic Filing Menu

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COVER LETTER

TO:	Registration Section
	Division of Corporations

SUBJECT:	WALTON	ACCOMMONATIONS	23, 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:

Nariv Name of Person 2 Address ... P2 **City/State and Zip Code** SIC m . (m E-mail address: (to be used for future anadal report notification) 3

For further information concerning this matter, please call:

at (850 Area Code 913 22 Inc Daytime Telephone Number Name of Person

Enclosed is a chock for the following amount:

S25.00 Filing Fee

Certificate of Status

S55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (odditional copy is enclosed).

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MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, PL 32314 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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Oct. 9.2019 4:30PM

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No. 0945 P. 3

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ARTICLES OF J TO ARTICLES OF O O	0 DRGANIZATION
(Name of the Limited Linbility Compa (A Florida Limited I	
The Articles of Organization for this Limited Liability Company	were filed on $2 - 3 - 20.19$ and assigned
Florida document number <u>L19000044137</u>	
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 more must perdistinguishable and contain the words "Limited Lipbi	lity Company," the designation "LLC" or the abbreviation "LL.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	197 SW Waterford Court Lake City, FL. 32025
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:	Elizabeth Wa	ring
New Registered Office Address:	197 SW Water	ford COURT
····· Er-O: #:##############################	Enter Florida	a struet address
	Lake City	, Florida <u>32025</u>
	<u> </u>	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.

1 48 C V. Registered Agent, Signature of New Registered Agent

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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

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Title	Name	Address	Type of Action
MGR_ AMBR_	KATRINA WALTON _	1550 S.JEFFERSON ST.	
N III Pro		MONTICEILO F2 32344	CRemove
			Change
MGR	Elizabeth Wanng	197 SW Waterford Ct. Lake City, FL. 32025	BAdd
			CRemove
			Change
AMBR	Jeanic Mcister	197 SW Waterford Ct Lake City, FL 32025	La dd
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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cctive date, if other than the date of filing: (optional) a effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days offer filing.) Pursuant to 605.0207 (3)(b)	cctive date, if other (than the date of filing:		(optional	Ŋ	

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated Signature of a member or authorized representative of a member an ATRINA Upped or printed name of signee

Page 3 of 3

Filing Fee: \$25.00 (((H1)

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