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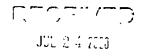
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## **COVER LETTER**

10:	Registration Sect Division of Corp			
cup.	na Ro	d Walters	1 LC,	
SUBJ	ECT: <u>/10</u> 0		ted Liability Company	
The er	nclosed Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please	return all correspon	dence concerning this matter t	to the following:	
		Walter	Brown	
			Name of Person	
			Firm/Company	
		21 Marina	Terrace	
			Address	2270/
		reasure -	Island Florida City/State and Zip Code	33 106
		/ EX V 5 3 6 E-mail address: (	hot mail com to be used for future annual report not	ification)
Forfi	arther information co	oncerning this matter, please co	all:	
	Walter -	Brown	at (2/6) 2/4- Area Code Daytir	1941
	Name of	Person	Area Code Daytir	ne Telephone Number
Enclo	osed is a check for th	e following amount:		
<u> </u>	325.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	s:	Street Address:	
	Registration S	ection	Registration Se Division of Co	
	Division of C P.O. Box 632	-	The Centre of	
	Tallahassee, F		2415 N. Monro Tallahassee, F	pe Street, Suite 810 L 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Red Walters LLC,	2
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on 5/1/2019	Sand assigned
Florida document number <u>L 19000/23/80</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	!
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	:
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	ı
B. If amending the registered agent and/or registered office address on our records, <u>enter the natagent and/or the new registered office address here:</u>	ne of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	· · · · · · · · · · · · · · · · · · ·
, Florida	
City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	1

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 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
MGR	Carmen N. Preston	21 Marina Terrace Treasure Island, Florida 35	: □Add
		Treasure Island, Florida 33	706 ORemove
			<b>X</b> Change
			□Add
			□Change
			;_□Add
			🗖 Remove
<del></del>			DAdd
			□Remove
			□Change
			□Add
			□Remove
			<del></del> -
· <del></del>		· · · · · · · · · · · · · · · · · · ·	
			□Remove
			□Change

If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
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1.00cc.	re date, if other than the date of filing:     1
e record rd is file	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 d.
Dated _	7/22/, 2020 1,2, HE P
	Signature of a member or authorized representative of a member
	Walter Brown
	Typed or printed name of signee

Filing Fee: \$25.00