

L19 000 190267

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

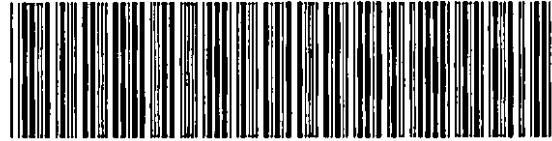
(Business Entity Name)

(Document Number)

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2019 12 PM 12:46

R. WHITE
JAN 14 2020

COVER LETTER

O: Registration Section
Division of Corporations

SUBJECT: Walvec, 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:

Kyle Waltz
Name of Person

Walvec, LLC
Firm/Company

12449 Nesting Eagles Way
Address

Jacksonville, FL, 32225
City/State and Zip Code

KyleWaltz@ymail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kyle Waltz at (904) 307-9411
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee \$30.00 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 Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Walvec, LLC

2019 7/24/19 PM 12:16

(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 7/24/19 and assigned Florida document number L19000190267

This amendment is submitted to amend the following:

1. 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 "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

Principal office address MUST BE A STREET ADDRESS

12449 Nesting Eagles way
Jacksonville, FL 32225

Enter new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX

P.O. Box 50046
Jacksonville Beach, FL 32240

2. 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:

New Registered Office Address:

12449 Nesting Eagles way
Enter Florida street address
Jacksonville, Florida 32225
City *Zip Code*

3. 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

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

IGR = Manager
MBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>IGR</u>	<u>Kyle Waltz</u>	<u>12449 Nesting Eagles way</u>	<input type="checkbox"/> Add
		<u>Jacksonville, FL 32225</u>	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
<u>IGR</u>	<u>Heather Vechter</u>	<u>12449 Nesting Eagles way</u>	<input type="checkbox"/> Add
		<u>Jacksonville, FL 32225</u>	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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