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○ SIMMONS MAR 0 3 2020

COVER LETTER

Division of Corporations
SUBJECT: Walk- In Wave house, LLC Name of Limited Liability Company
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:
Oreg Simony Name of Person
Skm 5 Holding 5, LLC Firm/Company
Firm/Company
935 N. Beneva Rd Suit 609
Address
Sara Soda, FL 3433. City/State and Zip Code
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
6 reg Simony at (248) 839-2687 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

ro:

Registration Section

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 ARTICLES OF ORGANIZATION **OF**

Walk-In Waret	10058, LUC
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number $\angle 2000014346$	ompany were filed on 1/7/20 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
The new name quest be distinguishable and contain the words "I imi	ited Liability Company," the designation "LLC" or the abbrevia "L.L.C."
The new name mass of distinguishable and contain the words. Little	the designation LEC of the abbreviacous L.E.C.
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR	(ESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	Fr.t
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name of the new register
Name of New Registered Agent:	
New Registered Office Address:	
New Registered Office Address:	Enter Florida street address
New Registered Office Address:	Enter Florida street address , Florida

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 MGR	Name GKMS, LLC	Address 935 N. Beneva, suit	Type of Action					
		935 N. Beneva, suit Savasoto, FC 34J3J	Remove					
			□Change					
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		Scrasota, EC 34232	_ □Remove					
		7 7 7 7	2022 Change					
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effective date is listed in the date insert	d, the date must b	e specific and o	annot be pric	r to date of fili	ng or more than	90 days afte	er filing.) Pu	rsuant to 6	605.02 listed
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e 90th day aft	er the recor	d is filed.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	31 311 311 C	eve emie, e		4 ,,,,,	the edi	
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