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TO:	: Registration S , Division of Co					
SUBJE	WALCK (ON WATER LI	.C			
	·		Name of Lim	ited Liability Company		
	•			mitted for filing.		
Please i	eturn all corresp	ondence concer	ning this matter	to the following:		
		МІСНАЕ	L B WALCK			
	<u>:</u>			Name of Person	 	
	; ;	WALCK	ON WATER LL			
	ı	:		Firm/Company		
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	:	ST AUGU	ISTINE, FL 320			
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For fur	her information	concerning this	matter, please ca		ort notification)	
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		of Person			Daytime Telephone Number	
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Enclose	d is a check for	the following ar	nount:			
□ \$2:	00 Filing Fee		Filing Fee & cate of Status	22 \$55.00 Filing Fee & Certified Copy (additional copy is enclose	S60.00 Filing Fee, Certificate of Statu Certified Copy radditional copy is encl	
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	Mailing Addre Registration Division of O P.O. Box 63 Tallahassee.	Section ' Corporations 27		Division o The Centr 2415 N. M	on Section of Corporations e of Tallahassee donroe Street, Suite 810 ee, FL 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WALCK ON WATER LLC	·	
(<u>Name of the Limited L</u> (A F	iability Company as it now appears on our records.) lorida Limited Liability Company)	
the Articles of Organization for this Limited Liabil horida document number. <u>L20000075167</u>	ity Company were filed on 03/06/2020	and assigned
forida document number	·	
his amendment is submitted to amend the following	ig:	
. If amending name, enter the new name of the	limited liability company here:	
HCHAEL BRANDON WALCK LLC	·	•
he new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or	r the abbreviation "L.L.C."
nter new principal offices address, if applicable	n	24
Principal office address MUST BE A STREET A	DDRESS)	
	:	
inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO.	X)	
		\$ \
	•	
 If amending the registered agent and/or registent and/or the new registered office address here. 	tered office address on our records, <u>enter the</u> ere:	e name of the new regist
	·	:
Name of New Registered Agent:		
New Registered Office Address:		•
	Enter Florida street address	
	*	
-	, Floric	da
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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

or removed	from our records:	horized to manage, <u>enter the title, name, and ad</u>	
MGR = N AMBR = A	anager uthorized Member		
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