## 420000127618

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(Address)	-
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(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
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(Document Number)	
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## **COVER LETTER**

WALKER HOSPITALITY, LLC SUBJECT: 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: JUNG H MOON Name of Person WALKER HOSPITALITY, LLC Firm/Company 14373 SUNBRIDGE CIRCLE Address WINTER GARDEN, FL 34787 City/State and Zip Code dm.walkerhospitality@gmail.com E-mail address: (to be used for future annual report notification) . For further information concerning this matter, please call: 277-9842 JUNG H MOON Daytime Telephone Number Name of Person Area Code Enclosed is a check for the following amount: **■** \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55,00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)

**Mailing Address:** 

TO:

Registration Section Division of Corporations

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 PORT OF

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WALKER HOSPITALITY, LLC.

(Name of the Limited Liabili (A Florida	ty Company as it now appears on our Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liability C Florida document number <u>L20000127618</u>		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records	s, enter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	et address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registere	d 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

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Lockhat, Abraham	14373 SUNBRIDGE CIRCLE	□Add
		WINTER GARDEN, FL 34787	■Remove
			□Change
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ffective date, if other than the da	ate of filing: (optional)	
an effective date is listed, the date must be	ate of filing: (optional) be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to be does not meet the applicable statutory filing requirements, this date will not be	605.0207 listed as
ocument's effective date on the Depa		iisica as
	date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day a	fler the
I is filed.		
MAY 18th.	2022	
Pated		
Sie	gnature of a member or authorized representative of a member	
Sig	gnature of a member or authorized representative of a member	

Filing Fee: \$25.00