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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
| (Business Entity Name) |
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| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| Special modulations to 1 ming Smeet. |
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Office Use Only



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2022 MAR II AH II OC SECRETARY OF STAT

COVER LETTER

Tallahassee, FL 32314

| TO: | Registration Sec Division of Corp | | | |
|-------------------------------------|--|--|---|---|
| | | ORREST LLC | | _ |
| SUBJE | CT: | Name of Limit | ed Liability Company | |
| The enc | closed Articles of A | Amendment and fee(s) are subn | nitted for filing. | |
| | | ndence concerning this matter to | | |
| | | JACQUELINE N WALKE | R | |
| | | | Name of Person | - - |
| | | | Firm/Company | |
| 1835 VIA GRANDA | | | | |
| Address BOYNTON BEACH FLORIDA 33426 | | | | |
| | | | City/State and Zip Code | |
| | | JACQUELINEWALKERRI | EALESTATE@GMAIL.COM | |
| | | E-mail address: () | to be used for future annual report no | ntification) |
| For fu | nher information c | oncerning this matter, please co | all: | |
| JACQ | UELINE WALKE | R | 502 345-7926 | |
| Name of Person | | f Person | Area Code Dayti | me Telephone Number |
| Enclos | sed is a check for t | he following amount: | | |
| □ s: | 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 Addre Registration Division of O | Section | Street Address: Registration S Division of C | Section Corporations |
| | P.O. Box 63: Tallahassec. | 27 | The Centre o 2415 N. Mon | f Tallahassee roe Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

WALKERFORREST LLC

2022 MAR 11 AM 11+ 00
on our records.)
SECRETARY OF

| (Name of the Limited Liability Compa (A Florida Limited | any as it now appears on our rec Liability Company) SECR | ETARY OF CT- | |
|---|---|------------------------------------|--|
| The Articles of Organization for this Limited Lightlity Company | IAL OCTOBER 22 on OCTOBER 22 | LAHASSEE. Fund assigned | |
| | were med on | mid assigned | |
| Florida document number L20000335511 | ame, enter the new name of the limited liability company here: LKER REAL ESTATE LLC e distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Dal offices address, if applicable: 1835 VIA GRANADA | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liab | oility company here: | | |
| JACQUELINE WALKER REAL ESTATE LLC | | | |
| The new name must be distinguishable and contain the words "Limited Liabi | ility Company," the designation "I | LLC" or the abbreviation "L.L.C." | |
| Enter new principal offices address, if applicable: | 1835 VIA GRANADA | | |
| (Principal office address MUST BE A STREET ADDRESS) | BOYNTON BEACH FL 33426 | | |
| | | | |
| | | | |
| Enter new mailing address, if applicable: | 1835 VIA GRANADA | | |
| (Mailing address MAY BE A POST OFFICE BOX) | mailing address, it applicable: | 1426 | |
| | | | |
| | | | |
| | address on our records, <u>en</u> | ter the name of the new registered | |
| agent and/or the new registered office address here: | | | |
| Nu. | | | |
| Name of New Registered Agent: N/A | | | |
| New Registered Office Address: | | | |
| | Enter Florida street address | | |
| | | Florida | |
| | City | Florida | |
| New Registered Agent's Signature, if changing Registered Agent: | <u>:</u> | | |
| I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete | | and I am familiar with and | |

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

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|-------------|----------------|----------------|
| N/A | N/A | N/A | □Add |
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| ective date, if other than the | date of filing: | | (optional |) |
| ective date, if other than the effective date is listed, the date must be: If the date inserted in this bi | | or to date of filing or mo icable statutory filing | re than 90 days after filing requirements, this date | e will not be listed |
| tument's effective date on the D | epartment of State's record | ls. | • | |
| | | | | |
| cord specifies a delayed effective | e date, but not an effective | time, at 12:01 a.m. c | n the earlier of: (b) T | he 90th day after t |
| s filed. | | | | |
| | | | | |
| MARCH 9 | 2022 | - | | |
| | | ٥, | | |
| | Jagle h | all | C. Time View | |
| | Signature of a member or au | thorized representative | ot a member | |
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