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(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer;	





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2022 APR -5 AM II: 54 SEGRED OF STATE TALL TILLSEE, FL

CC 4/2/12022

COVER LETTER

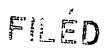
TO:

Registration Section

Difision of Corporations JACQUELINE WALKER REAL ESTATE 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: JACQUELINE WALKER Name of Person N/A Firm/Company 1835 VIA GRANADA Address BOYNTON BEACH, FL 33426 City/State and Zip Code JNWALKER327@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JACQUELINE WALKER 561 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations Division of Corporations** The Centre of Tallahassee P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Zip Code

ZUZZ APR -5 AM 11:54
and assigned
(A Florida Limited Liability Company) SECIAL STATE TALLALIASSEE, FL
the abbreviation "L.L.C."
<u> </u>
name of the new registered
a

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.

City

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
MGR	ANITA FORREST		□Add
			≡ Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
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Walker is the only me	mber in this LLC				
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tive date, if other th	an the date of filir	ıg:		(optional)	
ffective date is listed, the o	ate must be specific an	id cannot be prior to d	ate of filing or more tha	n 90 days after filing.) Pursu irements, this date will no	
ment's effective date or			, , ,		
	ce ' ı ı		10.31		
iled.	frective date, but no	it an effective time.	at 12:01 a.m. on the	earlier of: (b) The 90th	day after t
NA DOLLAR		2400			
MARCH 30,					
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Typed or printed name of signee