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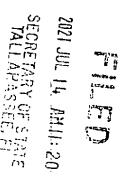
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## **COVER LETTER**

TO: Registratio Division of	n Section Corporations		
LEMON SUBJECT:	N WALK HOLDINGS, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles	s of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	espondence concerning this matter	to the following:	
	LES C. SHIELDS, ESQU	IRE	
		Name of Person	
	MORRIS & SHIELDS, PA	١	
		Firm/Company	Person  ARD, SUITE 205  ress  411  d Zip Code  nure annual report notification)  1 793-1200  a Code  Daytime Telephone Number  Filing Fee &  Certificate of Status & Certificate of Status & Certificate of Status & Certificate of Status & Certificate of Status & Certificate of Status & Certificate of Status & Certificate of Status & Certificate of Status & Certificate of Status & Certificate of Status & Certificate of Status & Certificate of Status & Certificate of Status & Certificate of Status & Certificate of Status & Certificate of Status & Certificate of Status & Certificate of Status & Certificate of Status & Certificate of Status & Certificate of Status & Certificate of Status & Certificate of Status & Certificate of Status & Certificate of Status & Certificate of Status & Certificate of Status & Certificate of Status & Certificate of Status & Certificate of Status & Certificate of Status & Certificate of Status & Certificate of Status & Certificate of Status & Certificate of Status & Certificate of Status & Certificate of Status & Certificate of Status & Certificate of Status & Certificate of Status & Certificate of Status & Certificate of Status & Certificate of Status & Certificate of Status & Certificate of Status & Certificate of Status & Certificate of Status & Certificate of Status & Certificate of Status & Certificate of Status & Certificate of Status & Certificate of Status & Certificate of Status & Certificate of Status & Certificate of Status & Certificate of Status & Certificate of Status & Certificate of Status & Certificate of Status & Certificate of Status & Certificate of Status & Certificate of Status & Certificate of Status & Certificate of Status & Certificate of Status & Certificate of Status & Certificate of Status & Certificate of Status & Certificate of Status & Certificate of Status & Certificate of Status & Certificate of Status & Certificate of Status & Certificate of Status & Certificate of Status & Certificate of Status & Certificate of Status & Certificate of Status & Certifica
	685 ROYAL PALM BEA	CH BOULEVARD, SUITE 205	
		Address	
	ROYAL PALM BEACH,	FLORIDA 33411	
		City/State and Zip Code	
•	TERREESHIELDS@AOL.		
		·	ification)
For further information	on concerning this matter, please c	all:	
LES C. SHIELDS		561 793-1200 at ( )	
Nar	ne of Person		ne Telephone Number
Enclosed is a check for	or the following amount:		
■ \$25.00 Filing Fee	e S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
Mailing Add			ation
Registration Olivision o	on Section  f Corporations	Registration Se Division of Cor	
P.O. Box 6	•	The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ty Company as it now appears on our record a Limited Liability Company)	<u>ls.</u> )
Company were filed on 11/17/2020	and assigned
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ited liability company here:	
ited Liability Company," the designation "LLC	or the abbreviation "L.L.C."
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	700 <b>3</b> 11
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d office address on our records, <u>enter</u>	the name of the new registere
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emer r wriau street daares	3
, Flo	orida
	ited liability company here:  ited Liability Company," the designation "LLC  RESS)  d office address on our records, enter  Enter Florida street address , Flo

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

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	CARLA SPALDING	62 CANTERBURY LANE	□Add
		TAMARAC, FL 33319	■Remove
			Change
MBR	NELLA WILLIAMS	62 CANTERBURY LANE	
		TAMARAC, FL 33319	■Remove
			□Change
· .			S 2021 July Remove
			7. 1. D Add
			□Remove
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•	Signature of a memb	$\langle \cdot \rangle$					

Filing Fee: \$25.00