La1000138354

	(Requestor's Name)	
((Address)	
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((City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
	(Business Entity Name)	
((Document Number)	
Certified Copies	Certificates of	Status
Special Instructions	to Filing Officer:	
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COVER LETTER

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Name of Limi	ted Liability Company	₽ 11 · · ·
nendment and fee(s) are subt	mitted for filing.	
ence concerning this matter t	to the following:	
Debra 6	= Walters	
	Name of Person	
	Firm/Company	
821 Ama	cullic In	
	Address	
Monce F	3 34292	
Venice	City/State and Zip Code	18
E-mail address: (t	o be used for future annual report notificat	ion)
erning this matter, please ca	II:	
Walters	at (<u>540</u>) <u>809-</u> Area Code Daytime Te	1017 Rephone Number
ollowing amount:		
□ \$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)
	Street Address:	
Mailing Address: Registration Section		
orations	Division of Corpor The Centre of Talls	
	Refired L Name of Limit nendment and fee(s) are subsence concerning this matter to Bal Ama Venice F January Lemail address: (the terming this matter, please can be subsented by the subsence concerning this matter, please can be subsented by the subsence can be subsented by the subsente	Refired LLC Name of Limited Liability Company mendment and fee(s) are submitted for filing. mence concerning this matter to the following: Debra & Walters Name of Person Firm/Company 821 Amaryllis Ln Address Venice & Styles and Zip Code JNDWALTERS GMAIL. Co E-mail address: (to be used for future annual report notificate terming this matter, please call: Walters at (SHO) & 99-1 Area Code Daytime Termination of Status Street Address: Registration Section Division of Corporations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

21 APR -8 AH 10: 32

lity Company as it now appears on our records.)
da Limited Liability Company) 3 24 2021 and assigned The Articles of Organization for this Limited Liability Company were filed on ___ Florida document number <u>L21000138354</u>. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida _ City

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added TAKE ET SATE or removed from our records:

MGR = Manager

AMBR = Authorized Member

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<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Debra E. Walters	821 Amaryllis Ln	
		Venice, FL 34292	DRemove
			□Change
AMBR	Debra E. Walters	821 Amaryllis Un	OPAdd
		Venice, FL 34292	🗆 Remove
			Change
			🗀 Add
		*** **********************************	П Rеточе
			□Change
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lf amer	ding any other information, enter change(s) here: (Attach additional sheets, if necessary) (0: 32
	
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If an effect Note: I	re date, if other than the date of filing:
d is file	
Dated _	3/24/2021 Dulia & Walters Signature of a member or authorized representative of a member Debra E Malters
	Dilua & Walters
	Signature of a member or authorized representative of a member
	Debra E Walters Typed or printed name of signee

Filing Fee: \$25.00