## 621000229923

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Tallahassee, FL 32314

## TO: Registration Section **Division of Corporations** GOLDEN ORANGE REALTY 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: David R. Roy Name of Person David R. Roy, P.A. Firm/Company 4209 N. Federal Hwy Address Pompano Beach, FL 33064 City/State and Zip Code dd1981@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: David R. Roy Name of Person Daytime Telephone Number 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 & (additional copy is enclosed) Certified Copy (additional copy is enclosed) **Mailing Address:** Street Address: Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GOLDEN ORANGE REALTY LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records. Liability Company)	)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L^21000229923}{L^21000229923}$ .	were filed on	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
WALTEC LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)		<u> </u>
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Enter new mailing address, if applicable:		型> - 57
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
Multing duaress MAT BE AT OST OTTICE BOA)	<del> </del>	
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records. <u>enter th</u>	e name of the new regi
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	City	Zip Code

## 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

OocuSign Envelope ID: F1046BFC-F1E9-4267-B02E-E2AA65894A78
II amenuing Authorized rerson(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
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fective date, if other than the an effective date is listed, the date mus ote: If the date inserted in this blocument's effective date on the December 1.	t be specific and cannot be prior to date of filing ock does not meet the applicable statutory	<b>(optional)</b> g or more than 90 days after filing.) Pursuant to 605.0 filing requirements, this date will not be listed
ecord specifies a delayed effective is filed.	date, but not an effective time, at 12:01 a	a.m. on the earlier of: (b) The 90th day after
	2024	
March 29	2024	
Docusigned by:	Signature of a member or authorized represent	