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COVER LETTER

TO: Registration Section

Tallahassee, FL 32314

Division of Cor	-	
SUBJECT:	Services, LLC Name of Limit	ited Liability Company
The enclosed Articles of .	Amendment and fee(s) are sub-	mitted for filing.
Please return all correspo	ndence concerning this matter	to the following:
	Jerome Walker III	
		Name of Person
	Walker 360 Services, LLC	
		Firm/Company
	3311 Fitzgerald Dr	
		Address
	Orlando, FL 32805	•
		City/State and Zip Code
	info@walker360services.org	
	E-mail address: (to be used for future annual report notification)
For further information co	oncerning this matter, please ca	all: S 702
Jerome Walker III		407 300-6259
Name o	f Person	all: at (407 300-6259 177 178
Enclosed is a check for th	ne following amount:	7.2
■ \$25,00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee. Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address		Street Address: Registration Section
Registration S Division of C		Division of Corporations
P.O. Box 632	-	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Walker 360 Services, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Lia	ability Company were filed on 8/11/2021	and assigned
Florida document number 1.21000361127		and assigned
This amendment is submitted to amend the follow	wing:	5
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the we	ords "Limited Liability Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ıble:	
(Principal office address MUST BE A STREET	(ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	<u></u>	
B. If amending the registered agent and/or reagent and/or the new registered office address		r the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	ess
	,F	Florida
	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 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
Manager	Jerome Walker III	3311 Fitzgerald Dr Orlando, F1, 32805	□Adđ
			□Remove
			■ Change
			□Add
			□Remove
			□Change
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			□Remove
			□Change
		.	□Add
			□Remove
			T Change

Effective date, if other than the date of filing: S/11/2021									··	-
Effective date, if other than the date of filing: 8/11/2021										_
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Effective date, if other than the date of filing: Solution										-
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