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TALLAHASSEE, FLORIDA

FILED 2022 MAY -6 AM 8: 49

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S. PRATHER

COVER LETTER

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration Section Division of Corporations
SUBJECT: M. A. WALKER ENTERPRISE, 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:
Michelle A. Walker Name of Person
M. A. WALKER ENTERPRISE, LLC Firm/Company
8451 Frangipani Terroce
Sarasita, Fl 34240 City/State and Zip Code
Michelle, Walker A @ amail. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michelfe A. Woulker at (860) 985-3053 Name of Person Area Code 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 (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

M.A. WALKER ENTER	PRISE, LLC	
(Name of the Limited Liability Compa (Λ Florida Limited	nny as it now appears on our records.) Liability Company)	E10 F 213 W 6:
The Articles of Organization for this Limited Liability Company Florida document number <u>L2100036846</u> 9	were filed on 8/17/2021	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Sun love Peace ILC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:	3451 Francipan	i Tempae
(Principal office address MUST BE A STREET ADDRESS)	Sarasota, PC 34a	140
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8451 Francipani Sarasota, IL 342	Terrole 140
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the nam</u>	ne of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City , Fibrida	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.

II 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>	Name	Address ,	Type of Action
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an effective date is list to the instance of the date ins	her than the date of ted, the date must be specifierted in this block does date on the Departmen	ic and cannot be prior to c not meet the applicable			
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	hchull Signature Michelle	of a member or authorize	ed representative of a me	mber 3	HAY -6 JIM