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PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE
TALLAHASSEE FINE

## **COVER LETTER**

TO: Registration Section

Division of C		^	
SUBJECT:	ONN Walla Name of Limite	ULV RACE ed Liability Company	<u>Cars</u> (LC
The enclosed Articles	of Amendment and fee(s) are subm	nitted for filing.	
Please return all corres	pondence concerning this matter to	the following:	
•	John U	Vallauev Name of Person	<u> </u>
	<del> </del>		
	3075 K	Firm/Company  SS, MMEL  Address	- ParKRO
	<u>510100</u>	City/State and Zip Code	9772
	MSWAL	be used for future annual report not	( 6 m
			inteation)
- 100	n concerning this matter, please cal		- · · - · · O
. John	W9/194ev e of Person	at ( <u>407</u>	53-6790
Nam	e of Person	Area Code Daytir	ne Telephone Number
Enclosed is a check fo	r the following amount:		
□ \$25.00 Filing Fee	□ \$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)
P.O. Box 6	n Section f Corporations	Street Address: Registration Servision of Control The Centre of 2415 N. Mon-Tallahassee, F	orporations Tallahassee oe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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2022 FFR	_	į	Di.

Ohn Wallau (Name of the Limited Liability Compa	uny as it now appears on our records & H & C & H & C & H & C & H & C & C & C
(Name of the Limited Liability Compa (A Florida Limited	Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000</u> 42. L	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	sility company here:
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)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	<del></del>
New Registered Office Address:	
	Enter Florida street address
	, Florida

## 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
Mar	John A.	3675 Kissimmee PARKRO SAINT Cloud, Re	□Add
•	Wallage	SAINT CLOUCE, FC	□Remove
0	2		DAChange
AP	<u>Debra</u> Wallquer	3075 Kissimmee	□Add
	Wallance	3075 Kissimmee PAUK RD SAINTCloud, FC 34772	Remove
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