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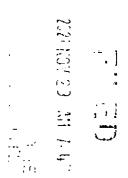
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PICK-UP	☐ WAIT	MAIL
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A. BUTLER
DEC 1 5 2021

COVER LETTER

TO: Registration Se Division of Cor		اد	
Walk In Wi		•	•
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Luricen Evans		
		Name of Person	
		Firm/Company	
	Walk In Wisdom LLC		
		Address	
	1217 NW 91st Ave, Coral	Springs, F1, 33071	
	LCE7@yahoo.com	City/State and Zip Code	
	- -	to be used for future annual report notifi	ication)
For further information of	concerning this matter, please c	all:	
Lurleen Evans		954 661-6517 at ()	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ED

Walk in Wisdom LLC			1021 NOV 29	AM 1-4"
	ed Liability Com (A Florida Limite	pany as it now appears on or d Liability Company)	ur records.)	OTATE E.AL
The Articles of Organization for this Limited L	iability Compa	ny were filed on 11/10/20		
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name o	f the limited li	ability company here:		
Walk In Wisdom Wear LLC				
The new name must be distinguishable and contain the v	vords "Limited Liz	ability Company," the designate	tion "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applic	eable:	N/A		
Principal office address MUST BE A STREE	ET ADDRESS)			
Enter new mailing address, if applicable:		N/A		
Mailing address MAY BE A POST OFFICE	BOX)		····	
B. If amending the registered agent and/or a agent and/or the new registered office addre		ce address on our record	is, <u>enter the na</u>	me of the new register
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			
nen negmeren Office romess.		Enter Florida str	reet address	
			, 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

Title	Name	Address	Type of Action
N/A	N/A	NA	□Add
			□ Remove
			□Change
			□ Add
			□Remove
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			□Add

_____ Remove

N/A			
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ective date, if other than the d	ate of filing:		(optional)
effective date is listed, the date must b	be specific and cannot be prior to date	of filing or more than 90 day	s after filing.) Pursuant to 605.020
te: If the date inserted in this bloc nument's effective date on the Dep		attiony ming requirement	is, this tiate will not be fisted a
cord specifies a delayed effective	date, but not an effective time, at	12:01 a.m. on the carlier	of: (b) The 90th day after the
s filed.			•
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