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22 APR -5 PM 2: 58

T. MATTHEWS APR 19 2022

COVER LETTER

то:	Registration Se Division of Cor	porations		
SUBJ	ECT: Y	name of Lim	nson Wally ited Liability Company	apering, LLC
The c	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Mark Jo	Name of Person HISON Wally Firm/Company	apering, LLC
		225 Hd	den View Dr Address	
		mark johns	City/State and Zip Code So n Wall paper to be used for future annual report not	ing @ gmail, com
For fi	rther information c	oncerning this matter, please ca	all:	
	Marv C Name o	Tohnson Person	at (352) 272 Area Code Daytin	ne Telephone Number
Enclo	sed is a check for ti	ne following amount:		
ŋ s	25.00 Filing Fee	(2) \$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

SECRETARY OF STATE DIVISION OF CORPORATIONS

Mark Johnson	Wall papering	-5, PM 2: 58
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on $1-6-32$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabilite Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ity Company," the designation "LLC" or the 235 Hidden Groveland, F	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	225 Hidden V Groveland, FL	jew Dr 34736
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the na	ame of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street 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		
•••	MGR = Manager	
	AMBR = Authorized Member	

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			Change
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	ate, if other than t	the date of filing: _ must be specific and car s block does not mee	nnot be prior to date of	f filing or more than 90	(optional) days after filing.) Pursuar	it to 605.0207 be fisted as
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