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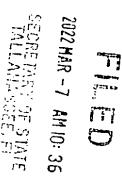
(Re	questor's Name)	
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Certified Copies	_ Certificates	of Status
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Special Instructions to	Filing Officer:	





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A. BUTLER MAR 16 2022

COVER LETTER

TO:

Registration Section Division of Corporations

subject: Walk	er Wellness Cen	nter LLC ited Liability Company	
	Name of Lim	nted Liantity Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
·	-	•	
	Cheryl Walker		
		Name of Person	
	Walker Wellness Center, L	LC	
		Firm/Company	·
	2895 Vinewood Place		
		Address	
	Green Cove Springs	32543	
		City/State and Zip Code	
	cheryl.walker.2021@gmail.		
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
Cheryl Walker		904 626-9919 at ()	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro	porations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

Walker Wellness Center, LLC

company has been notified in writing of this change.

2022 MAR -7 AM 10: 36

(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on	our records.)
(A Piorida Limited L	naminty Company) 5	EURE MRY OF STATE
(A Florida Limited L	were filed on 2/17/22	MLLATHOUTE, Fig.
	were med on	und assigned
Florida document number L22000078426		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
NA		
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NIA_	
(Principal office address MUST BE A STREET ADDRESS)		
Trincipul Applee Man Com 1700 1 DE 1101 MEET, 170 E 11250 1		
	44/0	
Enter new mailing address, if applicable:	1/19	
(Mailing address MAY BE A POST OFFICE BOX)		
	<u></u> .	
B. If amending the registered agent and/or registered office a	ddress on our recor	ds, enter the name of the new registered
agent and/or the new registered office address here:		
	1./0	
Name of New Registered Agent:	NA	
New Registered Office Address:		
New Registered Office Address.	Enter Florida st	reet address
		E
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	ř	,
I hereby accept the appointment as registered agent and agre		
provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as p		
being filed to merely reflect a change in the registered office		

If Changing Registered Agent, Signature of New Registered Agent

. 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	Cheryl A Walker	2895 Vinewood Place, Green Cove Springs, Fl 32043	3 ≣ Add
			🗆 Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
		-	Change
			□Add
			□Remove
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fecti	ve date, if other than the date of filing: (optional)
an eff	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t
	ent's effective date on the Department of State's records.
recor	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
is fil	
	1///0022
ated	3/4/2022
	Chuy A Walker
	Signature of a member or authorized representative of a member

E. 03 - 00