L22000131198

	(Requestor's Name)	
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	(City/State/Zip/Phone #)	
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	(Business Entity Name)	-
·	(Document Number)	
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 1540 Walnitt, CW, 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:
Angela M. Grannette Name of Person
1540 Walnut CW LLC Firm/Company
1503 Tallahassee Da
Tarpon Springs FL 34689 City/State and Zp Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Amela Giannette at (714) 328-4413 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$555.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) \$\Bigcup \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

' TO:

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

1540 Walnut (C) (Name of the Limited Lia)	bility Company as it now appears on	our records.)	
(A Fit	rida Eminea Elabinty Company)		
The Articles of Organization for this Limited Liability	y Company were filed on Max	rch 11, 2022	and assigned
Florida document number <u>L22000131199</u>	<u>3</u> .		
This amendment is submitted to amend the following	;		
A. If amending name, enter the new name of the l	the new name of the limited liability company here: ble and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." ddress, if applicable: ST BE A STREET ADDRESS) If applicable: POST OFFICE BOX) I A CAN SPINGS FL 34689 d agent and/or registered office address on our records, enter the name of the new registered office address here: lected Agent: Angela M. Grannette		
The wards the digina wishable and contain the wards "	limited Liability Company "the design	ation "LLC" or the ab	breviation "L.L.C."
The new name must be distinguishable and contain the words	Entitled Elability Company, the design		¬
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		
			~~~~~
Enter new mailing address, if applicable:	1503 Tal	Jahasse	· •
(Mailing address MAY BE A POST OFFICE BOX)	Tarpon	Soriaas	FL_
(Maning dadress MAT DE AT OUT OF TOOL 2014)			34689
D. If diag the resistened agent and/or regists	ored office address on our recor	ds, enter the nam	ne of the new registered
agent and/or the new registered office address her	e:	<u> </u>	
Name of New Registered Agent:	Angela M. Gic	unnette	
New Registered Office Address:	Enter Florida s	treet address	
		, Florida	
<del></del>	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 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
MGR	Anthony C Settens	1503 Tallahassee Dr.	🗆 Add
		Tarpon Springs; FL	⊠Remove
		34689	<u></u> □Change
MGR	Angela M Giannette	1503 Tallahassee Dr.	□Add
		Tarpan Springs, FL	□Remove
		34689	DrChange
			□Add
			□Remove
		<del></del>	□Change
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			□Add
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			□Add
			□Remove
			□Change

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effec te: If	e date, if other than the date of filing:
cord	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
cd _	October 2, 2024.
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00