Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Corporate Filing Menu

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Electronic Filing Menu

Help

TO:

Registration Section

From: Sylvia Paull

COVER LETTER

División of Cor	poranous		
AB CALU.			
50 bacc 1		ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are suba	nitted for filing.	
Please return all correspo	ndence concerning this matter t	o the following:	
	Cheyenne Moseley		
	·	Name of Person	
	Legalzoom.com, Inc.		
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	101 N Brand Blvd 11th Fl		
		Address	
	Glendale, CA 91203		
		City/State and Zip Code	
	caluine@bellsouth.net		
		be used for future annual report notif	heation)
For further information co	ancerning this matter, please cal	II:	
Cheyenne Moscley		800 773-0888	
Name of	Person	at ()	e Telephone Number
Enclosed is a check for th	e 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 radditional copy is enclosed)

MAILING ADDRESS:

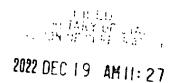
Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clitton Building 2661 Executive Center Circle Tallahassee, FL 32301 To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



AB CALULELC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{10/19/2022}{10/19/2022}$ _____ and assigned Florida document number 1,22000450957 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words. Limited Liability Company," the designation "LLC" or the abbreviation "LLC" 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: 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, E.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited hability company has been notified in writing of this change.

Cnr

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

To:

Title	Name	Address	Type of Action
AMBR	BLUE, ANTHONY B, SR,R4		□ Add
		8000 BAYMEADOWS CIR E GRAND AVE, APT 4 JACKSONVILLE, FL 32256	■ Remove
AMBR	Anthony B Blue Sr.	8000 Baymeadows Cir E Grand Ave., Bldg 22,Ur Jacksonville, Florida 32256	□ Change nit 4 ■ Add
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. If amending any other information, enter change(s) here: (Attach additional sheets, if necessar	等 注 深值的	7.15 (
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Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	.) Pursuant to 605,0207	(3)(b) the
he record specifies a delayed effective date, but not an effective time, at 12:01 a.m. The 90th day after the record is filed.	on the earlier o	f:
Dated Nov 29, 2022		
Signagate of Specific or authorized representative of a member		
Anthony B Blue Sr.		
Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00

Division of Corporations Electronic Filing Cover Sheet

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	Division of Corporations Fax Number : (850)617-6383	-
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TTQI.I.	Account Name : JOHNSON, POPE, BOKOR, RUPPEL & BURNS, LLP. Account Number : 076466002140	AM 11: 27
	Phone : (727)461-1818 Fax Number : (727)441-8617	
nter th	e email address for this business entity to be used for future al report mailings. Enter only one email address please.**	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WALTER A BAWELL V LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
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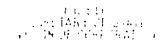
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

2022 DEC 19 AM 11: 27

WALTER A. BAWELL V LLC, a Florida limited liability company

The undersigned, as Manager of WALTER A BAWELL V LLC, does hereby certify that the amendment provided for herein was adopted by the sole member on the 19th day of December, 2022.

- 1. Name of Limited Liability Company: WALTER A BAWELL V LLC.
- 2. <u>Document Number</u>: The Florida document number of this limited liability company is L21000033702.
 - 3. <u>Amendments</u>: This amendment is submitted to amend the following:

"ARTICLE I

The name of the Limited Liability Company is: WALTER ANTHONY BAWELL V, LLC.

- 4. <u>Member Approval</u>: The sole member entitled to vote on this amendment approved such amendment.
- 5. Other Provisions: All other articles and provisions of the Articles of Organization as originally filed on January 15, 2021, shall remain the same.

The undersigned has executed the Articles of Amendment on the 19th day of December 2022.

Walter A. Bawell, Manager

Walter & Bewell

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