123000185143

(Requestor's Name)
(Adaress)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certificates of Status
. And Instructions to Filling Officer:

Office Use Only



000407640940

2023 APR 27 PM 2: 41

APR 27 2023

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	WallaBay LLC		
 -	J 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:	
	1/hierst	evi Crass Name of Person	
	Wai	Firm/Company	- -,
	1207_	Bedrach Dr, Orange F	Part FL 32605
	Orange	Park / FL, 3206 City/State and Zip Code GO GO Carrol 1. Com to be used for future annual report notifical	5
	Walla Ba	400 Gamail.com	tion)
For further information c	oncerning this matter, please ea	all:	
hiersten Name o	CYOSS f Person	at (<u>GGU</u>) <u>862-40</u> Area Code Daytime To	AlC :lephone Number
Enclosed is a check for th	ne following amount:		
√ \$25.00 Filing Fee	S30.00 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 Addres Registration S	Section	Street Address: Registration Section	
Division of C	orporations	Division of Corpor	rations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Wala Bay LLC		MAPR 27 PM 2:5.
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000\85\93</u> .	y were filed on April	141, 2023 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designatio	n "LLC" or the abbreviation "L.L.C."
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 agent and/or the new registered office address here:	address on our records.	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	
	City	, Florida 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>	Name	Address	Type of Action
MGR	Kiersten Cross	1207 Bedrock Dr, Orange Park, F	√Add 1 32065
			□Remove
			□Change
AMBR	Kiersten Cross	1207 Bedrock Dr. Orange	2_ D/Add FL 32065
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
	, 		□Add
			□Remove
			Change

					<u> </u>
		<u></u>			 ;
	\$ - \$				
_					
					
		.			
. =					····
	· · · · · · · · · · · · · · · · · · ·				
			····		
		***			·
					
					
(It an effective Note: If the	te, if other than the date of date is listed, the date must be speci date inscrted in this block does effective date on the Departmen	ific and cannot be prior to s not meet the applicab	date of filing or more than 9		
	ifies a delayed effective date, b	ut not an effective time	e, at 12:01 a.m. on the ea	rlier of: (b) The 90th day	after the
ord is filed.					
ord is filed.	vil 21				
3	xi 21 //		A representative of a mem	ber	

Filing Fee: \$25.00

State of Florida Department of State

I certify from the records of this office that WALLABAYLLC, is a limited liability company organized under the laws of the State of Florida, filed electronically on April 14, 2023, effective May 01, 2023.

The document number of this company is L23000185193.

I further certify that said company has paid all fees due this office through December 31, 2023, and its status is active.

I further certify that this is an electronically transmitted certificate authorized by section 15.16, Florida Statutes, and authenticated by the code noted below.

Authentication Code: 230416173447-800406689588#1

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Sixteenth day of April, 2023