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(Requestor's Name)
(Address)
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(Ch. 10) 4 (Ch. 10)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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FL WAlkers	666	
Name of Lim	ited Liability Company	
Amendment and fee(s) are sub	mitted for filing.	
ondence concerning this matter	to the following:	
la co	1 /olalker	
	Name of Person	
Fl Walles	-r LLC	
2920 W.	How Acc	
Cakeland	A 37803	
	City/State and Zip Code	
- R Walkers	10 smail com	Paris and
		neation)
oncerning this matter, please co	all:	
Walker	21 FUZ \ 944-70	19
f Person	Area Code Daytime	e Telephone Number
ne following amount:		
☐ \$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)
	Street Address:	
	Amendment and fee(s) are substituted and fee(s)	Amendment and fee(s) are submitted for filing. Amendment and fee(s) are submitted for filing. Independence concerning this matter to the following: Jason Walker

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

	kers LLC	202	23 SEP 25 AM 7: 24
(Name of the Limited	d Liability Company as it now A Florida Limited Liability Co	w appears on our records.) mpany)	
The Articles of Organization for this Limited Lia	bility Company were filed	d on <u>Aug 14, 202</u>	3 and assigned
Florida document number <u>(230003 f22</u>	<u>38 </u>		
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	the limited liability comp	pany here:	
The new name must be distinguishable and contain the wor	rds "Limited Liability Compan	y," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:		
(Principal office address MUST BE A STREET	'ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>ox)</u>		
B. If amending the registered agent and/or regagent and/or the new registered office address		n our records, <u>enter th</u> g	name of the new registered
Name of New Registered Agent:			
New Registered Office Address:		inter Florida street address	
		, Floric	to
	City	, Flora	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

Title	<u>Name</u>	Address	Type of Action
1276R	Breitany Walker	2920 Willow Ace labeled Fl 37Fe3	□Add
			Remove
	t.		□Change
MER	Jason Walker	2920 Willow Aux, Lakeland, FL 33803	XAdd
			□Remove
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Note:	ve date, if other than the date of filing:
he record ord is fil	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 ed.
Dated	Signature of a member or authorized representative of a member Jason Walker Typed or printed name of signee
	Jet the
	Signature of a member or authorized representative of a member

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