## L14000083179

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Name Change

## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:CSR	Ventures L	-LC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	idence concerning this matter	to the following:	
	CURTRI	O.C S.C.  Name of Person	
	Westmon	+ GROUP LLC	
		alk DR Unit	
	New SmyRr	City/State and Zip Code	32169 20 July
		City/State and Zip Code 67 @ OUT LOOK - 6	- 
		to be used for future annual report notif	ication) ;
For further information co	ncerning this matter, please c	all:	Ę.
CURT R Name of		at (407) 949 Area Code Daytime	- 4/37  Telephone Number
Enclosed is a check for the	e following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of Co P.O. Box 632	ection orporations	Street Address: Registration Sec Division of Cor The Centre of T	porations
Tallahassee, F			Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CSR Ventures LLC

(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 MAY 22, 2014 and assigned Florida document number L14000083179

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

WESTMONT GPOUP LLC

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

City

## 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 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
			□Add
			□Remove
			□Change
<del></del>			
			□Remove
			□Change
			□Add
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			□Change
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			🗆 Remove
			□Remove
			□ Change
			□Add
			Remove

	<del>.</del>
(It an et <b>Note:</b>	tive date, if other than the date of filing:
f the reco ecord is f	rd 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 iled.
Dated	June 9 2020
	Signature of a member or authorized representative of a member
	CURT ROESE

Filing Fee: \$25.00

Typed or printed name of signee