## h22 000096869

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LLC ameul

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A. RAMSEY
APR - 7 2022

## **COVER LETTER**

|                     | Registration Sc<br>Division of Cor            |   |   | •   |  |  |  |
|---------------------|---|---|---|---|--|--|--|
| end nez             | WEST FOR                                      | WEST FONTAINE 212-4 LLC                         |   |   |  |  |  |
| SUBJEC              | I:  | Name of Lin                                     | nited I tability Company  |   |  |  |  |
| The enclo           | sed Articles of                               | Amendment and fee(s) are sub                    | omitted for filing.   |   |  |  |  |
| Picase ret          | um all correspo                               | ondence concerning this matter                  | to the following:   |   |  |  |  |
|                     |   | EDWIN GALEANO                                   |   |   |  |  |  |
|                     |   |   | Name of Person  |   |  |  |  |
|                     |   |   | Firm Company  |   |  |  |  |
| 3073 NW 82ND AVENUE |   |   | E   |   |  |  |  |
|                     |   | DORAL, FL 33122                                 | INE 212-4 LLC  Name of Limited Unbildy Company  Indiment and fee(s) are submitted for filling.  Ince concerning this matter to the following:  EDWIN GALEANO  Name of Person  Firm.Company  3073 NW 82ND AVENUE  Address  DORAL, FL 33122  City/State and Zip Code  UTMED@HELLSOUTH.NET  Lonail address, (to be used for fature animal report notification)  Inning this matter, please call:  Soon  at ( |   |  |  |  |
|                     |   | FUTMED@BELLSOUTH                                | City/State and Zip Code   | S60,00 Filing Fee. Certificate of Status & Certified Copy taddminal copy is enclosed) |  |  |  |
| For furthe          | er information e                              | L-mail address, oncerning this matter, please c |   | tication)   |  |  |  |
|                     | Name o  | t Person  | at ()   | ie Felephone Number   |  |  |  |
| Enclosed            | is a check for the                            | he following amount:                            |   |   |  |  |  |
| <b>■ \$25.0</b>     | 00 Filing Fee                                 | ☐ \$30.00 Fifing Fee & Certificate of Status    | Certified Copy  | Certificate of Status & Certified Copy  |  |  |  |
| Ī                   | Mailing Addres                                | Section   | Registration Sc   |   |  |  |  |
| İ                   | Division of C<br>P.O. Box 632<br>Tallahassee. | 27  | The Centre of T   | •   |  |  |  |

Tallahassee, FL 32303

Tallahassee, Fl., 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

2022 MAR 29 AM II: 36

WEST FONTAINE 212-4 LLC

(Name of the Limited Liability Company as it now appears on our records.) (SFF C) (A Florida Limited Liability Company)

| The Articles of Organization for this Limited Liability Company   | were filed on 02-23-2022                | and assigned                 |  |
|---|---|------------------------------|--|
| Florida document number L22000096869  |   |                              |  |
| This amendment is submitted to amend the following:   |   |                              |  |
| A. If amending name, enter the new name of the limited liab   | ility company here:                     |                              |  |
| The new name must be distinguishable and contain the words "Limited Liabil  | lity Company," the designation "LLC" c  | or the abbreviation "L.L.C." |  |
| Enter new principal offices address, if applicable:   |   |                              |  |
| (Principal office address MUST BE A STREET ADDRESS)   | <u> </u>                                |                              |  |
| ·   |   |                              |  |
| Enter new mailing address, if applicable:   |   | <del></del>                  |  |
| (Mailing address MAY BE A POST OFFICE BOX)  |   |                              |  |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | uddress on our records, <u>enter th</u> | e name of the new registere  |  |
| Name of New Registered Agent:   | <u> </u>                                |                              |  |
| New Registered Office Address:  | Enter Florida street address            |                              |  |
|   | , Florida                               |                              |  |
| ·   | City                                    |                              |  |

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          | FRANCIA E OSSA  | 3073 NW 82ND AVENUE | ■Add           |
|              |                 | DORAL, FL 33122     | □Remove        |
|              |                 |                     | □Change        |
| MGR          | FRANCIA GALEANO | 3073 NW 82ND AVENUE |                |
|              |                 | DORAL, FL 33122     |                |
|              |                 |                     | □ Change       |
|              |                 |                     | □Add           |
|              |                 |                     | □Remove        |
|              |                 |                     | □Change        |
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|              |                 |                     | □Remove        |
|              |                 |                     | Change         |

| Electronic Signature EDWIN  | GALEANO                                   |                                |  |                 |
|---|---|--------------------------------|--|-----------------|
|   | · · · · · · · · · · · · · · · · · · ·     |                                |  |                 |
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|   |   |                                |  |                 |
| fective date, if other than the n effective date is listed, the date must ote: If the date inserted in this ble cument's effective date on the De | ick does not meet the applica             | able statutory filing requiren | (optional) days after filing.) Pursuant to 605 tients, this date will not be liste | (,020)<br>ed as |
| reord specifies a delayed effective<br>s filed.   | date, but not an effective ti             | me, at 12:01 a.m. on the earl  | ier of: (b) The 90th day after   | r the           |
| MARCH 15  | 2022                                      | <u>_</u> .                     |  |                 |
| tea   |   |                                |  |                 |
| 6.1.  | M Galoase Signatury of a member or author |                                |  |                 |

Filing Fee: \$25.00