



COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Western Alliance Partners LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stephen Ford  
Name of Person

Western Alliance Partners LLC  
Firm/Company

7508 Pacific Heights Cir.  
Address

Orlando FL 32835  
City/State and Zip Code

stevefordsmail@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephen Ford at (863) 888 2778  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 (additional copy is enclosed)

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
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

Western Alliance Partners 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 08 2023 and assigned Florida document number L23000226837.

This amendment is submitted to amend the following:

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

NOT APPLICABLE

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

NOT

APPLICABLE

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1317 Edgewater Dr  
Suite 1927  
Orlando FL 32804

**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:

Cal Gardner

New Registered Office Address:

1317 edgewater drive

Enter Florida street address

Orlando

City

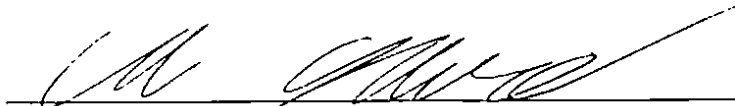
Florida

32804

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



