L25000334903

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Dusiness Chity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
_					
J. HORNE SEP 17 2025					
SEP 17 200-					
' 4025					

Office Use Only



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2025 St 15 /////: 40



To: Department Of State, Division Of Corporations From: Amanda Miller - Amanda.Miller@cscglobal.com

Ext: x62969 Date: 09/16/25 Order #: 4410685-2

Re: MOTEK UPPER WEST SIDE LLC

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office

Check in the amount of: \$25.00 - FL State Account Number: I20000000195

Visit of the second

Please take the following action:

File on a routine basis Issue proof of filing Return evidence to the following: ATTN: Amanda Miller c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Plasuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

l. N	ame of the limited liability company:	WES	T SIDE	ELLC
2. (a)	2170-2178 BROADWAY UNIT 1439 NEW YORK, NY 1002-	4	(b) 289	95 COLLINS AVENUE SUITE B MIAMI BEACH, FL 33140
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	07/21/2025	_	L250	000334903
3.	Date of filing/registration in Florida	4.		Document number
5. (a	LEVY, TESSA			
	Registered Agent and Registered Office shown on the records of the	of State:		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 2895 COLLINS AVENUE SUITE B			55 10 10 10 10 10 10 10 10 10 10 10 10 10
		33140	 O	2025 SE. 15 1311: 40
	FL_			
(b)				
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			
	Corporation Service Company			
	NEW Registered Office Address:		-	
	1201 Hays Street			
	Tallahassee FL_	3230	1	
chang agent was/w	limited liability company is not organized under the law is or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lial were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the l	regist bility I`the l	ered off compar imited [fice and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in
1	S/ Bersy Rodriguez	В	etsy Ro	odriguez, Authorized Person
Sign	ature of a member or authorized representative of a member	_		Printed or typed name of signee
provis the ob to me i	eby accept the appointment as registered agent and agressions of all statutes relative to the proper and complete poligations of my position as registered agent as provided rely reflect a change in the registered office address. I have a in writing of this change.	wrtin	mance	of my duties, and I am familiar with and accent
	hare CANDY			
aignat	ure of Registered Agent			

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00