L110000 9452L

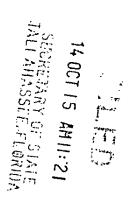
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



300264887073

10/15/14--01006--023 **25.00



A Shivers OCT 2 U 2014

COVER LETTER

TO: Registration Secti Division of Corpo	on _A rations	Same and the second sec	
SUBJECT: Wes	+ Grove + Name of Lim	Holding F LLC uited Liability Company	
The enclosed Articles of An	nendment and fee(s) are sub	omitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	<u>Richi</u>	Name of Person	
		Firm/Company	
	3606	Grand Avenue	
	Miani	FL 33133	
	taiyna E-mail address: (City/State and Zip Code Cooper @ yall (to be used for future annual report notified)	acion)
For further information con-			
Richie (Name of P	Cooper erson	at (305) 904 - 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

West Grove He	oldings, LLC	
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v	were filed on 8 17/11	and assigned
Florida document number <u>LIVOX)94526</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and end with the words "Limited Liabil	•	
Enter new principal offices address, if applicable:	West Grove Holo	dings, LLC
(Principal office address MUST BE A STREET ADDRESS)	3606 Covard	مرر
	Miami FL 3	
Enter new mailing address, if applicable:	west Grove H	olding, LLC
(Mailing address MAY BE A POST OFFICE BOX)	West Grove H 3606 Grand 2 Miani FL 3	13133
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		r the name of the new
Name of New Registered Agent: Rick	nie Cooper	14 OC
New Registered Office Address: 360	nie Cooper ole Grand Are	00 00 mm.
Mian	Enter Florida street address City , Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as period being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I an rovided for in Chapter 605, F.S. O	n familiar with and r, if this document is

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M $AMBR = A$	Ianager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Charles GIBSON	3634 Grand Ave MIAMI,FC 33133	
		MIAMINE 33/33	Remove
HGL	Taying Cooper	3606 Grand Ave Miani, FL 33133	Add
		MIAMI, FL 33133	Remove
			□ Remove
			Remove
			ASSTULIANT TO THE TOTAL
			Add Remove
			Remove

3606 Grand Are, Missing, FC 33133 ffective date, if other than the date of filing: the effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State) That the date of the date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)	Address change for	change(s) here: (Attach additional sheets, if necessary.) Lucie Coope, to
ffective date, if other than the date of filing:	3606 Grand Are	e, Mismi, FC 33133
the effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)	•	
e effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after e date this document is filed by the Florida Department of State)		
e effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after e date this document is filed by the Florida Department of State)		
ted october 9, 2014.		
	effective date must be specific, cannot be prior to	date of receipt or filed date and cannot be more than 90 days after
Victio A Pappy	e effective date must be specific, cannot be prior to de date this document is filed by the Florida Departm	date of receipt or filed date and cannot be more than 90 days after
Signature of a member or authorized representative of a member	e effective date must be specific, cannot be prior to ce date this document is filed by the Florida Departm	date of receipt or filed date and cannot be more than 90 days after
	effective date must be specific, cannot be prior to date this document is filed by the Florida Department of the Control of the Florida Department of the Control of the Florida Department of the Flori	date of receipt or filed date and cannot be more than 90 days after tent of State) ., 2014.

Page 3 of 3

Filing Fee: \$25.00