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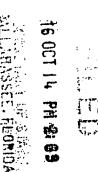
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COVER LETTER

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TO:	Registration Sec Division of Corp			ķ=
		AST PROPERTIES LLC		
SUBJE	СТ:	Name of Limi	ted Liability Company	
The enc	losed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please r	eturn all correspon	ndence concerning this matter	to the following:	
		TOM PEASE		
			Name of Person	
		PEASE & MUNDINGER	PA	
			Firm/Company	
		SUITE 130 CRITERION O	CENTRE 29605 US HIGHWAY 19	
			Address	
		CLEARWATER FL 3376	ı	
			City/State and Zip Code	
		peasemundinger@msn.com		
		E-mail address: ()	to be used for future annual report notific	cation)
For furt	her information co	oncerning this matter, please ca	all:	
ТОМ Р	PEASE		727 785-7460 at ()	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for th	ne following amount:		
□ \$25	5.00 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	CO_{ℓ}	TZ	PRO	PER'	TIES	110	7
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(Name of the Lim	ited Liability Compa (A Florida Limited)	any as it now appear Liability Company)	s on our records.)	,
The Articles of Organization for this Limited Florida document number L00000009425	Liability Company	were filed on 12.	/17/2014	and assigned
This amendment is submitted to amend the following	llowing:			
A. If amending name, enter the new name	of the limited liab	ility company he	ere:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the d	esignation "LLC" or 1	he abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	2560 62ND AV	ENUE NORTH	
(Principal office address MUST BE A STRE	ET ADDRESS)	SAINT PETER	SBURG, FL 33702	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		SUITE 130 CRI 29605 US HIGH CLEARWATEI		
B. If amending the registered agent and registered agent and/or the new registered of			our records, er	ater the name of the new
Name of New Registered Agent:	TOM PEASE		·	San Comment
New Registered Office Address:	SUITE 130 CR		E 29605 US HIGH	WAY 19
		Enter Flor	ida street address	
	CLEARWATE	City City	, Florida	2ip Code
		Cuy		гір Соае

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.

f 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>	<u>Address</u>	Type of Action
AMBR	ADAM MCGAVIN	2560 62ND AVENUE NORTH	■ Add
		SAINT PETERSBURG FL 33702	□ Remove
			Change
			Add
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Note: If the	date inserted in	this block does	s not meet th	ie applicable	statutory filin	g requirements,	this date will not	t to 605.0207 be listed as
locument's e	effective date or	the Departmen	nt of State's	records.				
	specifies a de i day after th			but not a	n effective t	ime, at 12:0	1 a.m. on the	earlier of
	,							
SEPT Dated	EMBER 27		20	16				
			`/on		٧			
		Signatur	e of a member	er or authorize	d representative	of a member		

Page 3 of 3

Filing Fee: \$25.00