

L030000034127

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

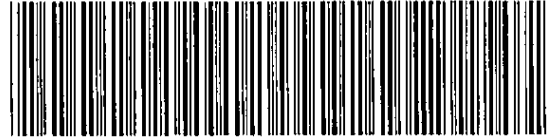
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SMITH THOMPSON SHAW
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SUSAN S. THOMPSON*
FRANK S. SHAW, III
MARY W. COLÓN*
ANDREW J. POWER
JAMES C. THOMPSON
FRANK S. SHAW, IV

* ALSO ADMITTED IN GEORGIA

June 27, 2024

Via Hand Delivery

Division of Corporations
The Centre of Tallahassee
2415 North Monroe Street, Suite 801
Tallahassee, Florida 32303

Re: Certified Copies

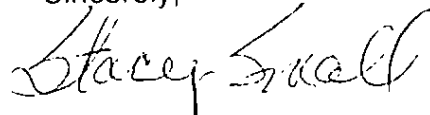
Dear Sir or Madam:

Could you please provide our office with **one (1) certified copy** of the **Articles of Organization and any amendments thereto** for the following corporation:

<u>Company Name</u>	<u>Document Number</u>
Westwood Plaza, LLC	L03000034127

Enclosed is our check in the amount of \$30.00 to cover the applicable fee. Should you have any questions or require additional information, please give me a call. **If you will give me call at (850) 893-4105** when the certified copies are ready, I will have someone pick them up.

Sincerely,



Stacy Small
Paralegal

Enclosure

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

WESTWOOD PLAZA, 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 SEPTEMBER 10, 2003 and assigned Florida document number L03000034127.

This amendment is submitted to amend the following:

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

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
City 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

[illegible]

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Christina S. Loxi
Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00