

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000247493 3)))



H130002474933ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: TRIGO AND COMPANY

Account Number : I20130000070

Fax Number

: (305)443-4280 : (305)446-6175

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

mail	Address		

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WEST COAST LAND DEVELOPMENT, LLC

Certificate of Status	0	
Certified Copy	0	
Page Count	04	
Estimated Charge	\$25.00	

H 130002474933

1 of 2

11/7/2013 12:10 PM

3054488175

11/07/2013 12:19

#770 1.002/00°

.2013 NOV -7 AM 8:55

新しい TARY OF STATE TALL ARKS SEE, 可食物(

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H 13.0002474933.

WEST COAST LAND DEVELO		
(Name of the Limited Liabi (A Florid	ity Company as it now appears on our reco a Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liability Florida document number L0400032380	Company were filed on APRIL 28, 20	04 and assigned
This amendment is submitted to amend the following	·	
A. If amending name, <u>enter the new name of the l</u>	imited liability company here:	
The new name must be distinguishable and end with the value. L.L.C."	words "Limited Liability Company," the desig	nation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or re- registered agent and/or the new registered office a		cnter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida s	treet address
	. Fle	orida
	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 608, 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

Page 1 of 3

H 130002474933

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

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGRM	LUIS RUBIO	3061 NW 7 ST	Add
		SUITE 202	Remove
		MIAMI, FL 33125	
			Add
			Remove
			·
			Add
			Remove
			
			Add
			Remove
			Add
			Remove
			Add
			Remove

H 130002474933

enter change(s) here: (Attach additional sheets, if necessary.)
2013
•
e of a member or authorized representative of a member AZQUEZ JR
_

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00