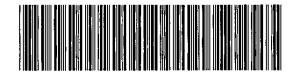
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2015 July 22 PH 12 21

CORETARY OF STATE

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: West Little River Estates, LLC
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Phillip B Rarick Name of Person
Rarick & Beskin, P.A.
10500 Cow Pen Rd., Suite 204
Miami Lakes / FL 330K/ City/State and Zip Code
PRATICK @ TATICK IAW . COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Phillip B. Ranck at (305) 556 5209 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee \& \Bigcup \\$55.00 Filing Fee \& \Bigcup \\$60.00 Filing Fee, Certificate of Status \$\Bigcup \\$ Certified Copy (additional copy is enclosed) 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

Mest Little River Estates 11C

(Name of the Limite	d Liability Compa A Florida Limited L	ny as it now appears of iability Company)	n our records.		_	
The Articles of Organization for this Limited Lia		were filed on	08/08/05	and	assigne	:d
This amendment is submitted to amend the follo	wing:					
A. If amending name, <u>enter the new name of</u>	the limited liab	ility company here	;			
The new name must be distinguishable and contain the wo	ords "Limited Liabil	ity Company," the desi	gnation "LLC" or the a	bbreviation	"L.L.C.	1
Enter new principal offices address, if applica	ıble:					
Principal office address MUST BE A STREE?	TADDRESS)					
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE E	<u>30X)</u>			The Control of the Co	2015 基础 22	er san typhological and the san typhological and the san typhological and
B. If amending the registered agent and/oregistered agent and/or the new registered off			our records, <u>enter</u>	the-nan	王 Med t P	the-new
Name of New Registered Agent:	Rario	CK & Bes	Kin, PA			
New Registered Office Address:	<u>6500</u>	Coupen R Enter Florida	Load, Suit	e 20	4	
	Miami	Lakes	, Florida	330 Zip Co	de	
New Registered Agent's Signature, if changing R	egistered Agent:	•		4		

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

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>	Address	Type of Action
PD	Edwin Lyons	3720 NW 170 ST	🗆 Add
	(Miami Gardens, FL 33055	
			Change
MGR	Shanda L Shingles	3720 NW 170 ST	LAdd
	J	3720 NW 170 ST Miami Gardens, FL 33055	- ☐ Remove
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Filing Fee: \$25.00