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COVER LETTER

TO: Registration S Division of Co				
	estfield, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	pondence concerning this matter	to the following:		
	Erika Wilson			
		Name of Person		
	Gator Investments			
		Firm/Company		
	7850 NW 146th Street, 4th	ı Floor		
		Address		
	Miami Lakes, FL 33016			
		City/State and Zip Code		
	ewilson@gatorinv.com			
	E-mail address: (to be used for future annual report notificat	ion)	
For further information	concerning this matter, please ca	all:		•
Erika Wilson		305 949-9049, #118		()
Name	e of Person	Area Code Daytime Te	lephone 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 Statu Certified Copy (additional copy is encl	20 OF

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

Gator Westfield, LLC		
(<u>Name of the Limited Lia</u> (A Fl	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabili		and assigned
Florida document number L06000045390	·	
This amendment is submitted to amend the following	g:	
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 a	bbreviation "L.L.C."
Enter new principal offices address, if applicables	:	
(Principal office address MUST BE A STREET AL	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	2	
		وريشو ويبيا
B. If amending the registered agent and/or r		the name of the new
registered agent and/or the new registered office	address here:	= = = = = = = = = = = = = = = = = = = =
Name of New Registered Agent:		
New Designation of Office Address.		<u> </u>
New Registered Office Address:	Enter Florida street address	少言
	. Florida	
		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

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			☐ Change
			Change
			☐ Remove
		- <u>-</u> -	Change
			Add
			Remove
			Change
			Remove
			Change
			Add
			□ Remove
			□ Change

new	Article VI as follows: "Article VI The existence of the Limited Liability Company shall be
реп	petual."
	
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effecti <u>te:</u> If t	date, if other than the date of filing:
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 0th day after the record is filed.
ed	2019
	Signature of a member or authorized representative of a member
	ℓ /
	James A. Goldsmith. Manager / /

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Filing Fee: \$25.00