## L07000061910

| (Re                     | questor's Name)   |             |  |  |
|-------------------------|-------------------|-------------|--|--|
| (Ad                     | dress)            |             |  |  |
| (Ad                     | dress)            | ,           |  |  |
| (Cit                    | y/State/Zip/Phon  | e #)        |  |  |
| PICK-UP                 | MAIT              | MAIL        |  |  |
| . (Bu                   | siness Entity Nar | me)         |  |  |
| (Document Number)       |                   |             |  |  |
| Certified Copies        | _ Certificates    | s of Status |  |  |
| Special Instructions to | Filing Officer:   |             |  |  |
| i.                      |                   |             |  |  |
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Office Use Only



800239472968

09/17/12--01035--026 \*\*52.50

10/10/12--01002--013 \*\*7.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

2012 OCT -9 PM 4: 02

C. LEWIS 0CT - 9 2012 EXAMINER



## FLORIDA DEPARTMENT OF STATE Division of Corporations

September 26, 2012

CURTIS WEST / C&J WEST PROPERTIES, LLC 14742 STARBRIGHT DR. DADE CITY, FL 33525

SUBJECT: C & J WEST PROPERTIES, LLC

Ref. Number: L07000061910

We have received your document for C & J WEST PROPERTIES, LLC and check(s) totaling \$52.50 of which \$52.50 has been designated to file this document. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is an additional amount of \$7.50 due. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any further questions concerning your document, please call (850) 245-6051.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 412A00024017

## **COVER LETTER**

| TO: Registration Sect<br>Division of Corpo |  |  |  |
|--|--|--|--|
| SUBJECT:                                   | West Proper                                | ries, LLC  |  |
|  | Name of Limit                              | ed Liability Company   |  |
|  | ,  |  |  |
| The enclosed Articles of A                 | mendment and fee(s) are sub-               | mitted for filing.   |  |
| Please return all correspond               | dence concerning this matter               | to the following:  |  |
| **************************************     | CURT                                       | is West<br>Name of Person  |  |
|  | _  | est Proporties, LLC  | <del></del>  |
|  | 14742 ST                                   | ARDRIGHT DR  |  |
| •  | DADE Cit                                   | City/State and Zip Code  | <del></del>  |
|  | E-mail address: (10                        | CURT @ HOTMAIL. COX<br>o be used for future annual report notifica | (ion)  |
| For further information cor                | ncerning this matter, please ca            | all:   |  |
| Cupits West                                | -<br><sup>D</sup> erson                    | at (352) 588-049   | elephone 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 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

SECRETARY OF STATE
DIVISION OF CORPORATIONS

2012 OCT -9 PM 4: 02

| CAT WEST PROPERTIES   | 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 v   | were filed on 6-11-2007 and assigned  |  |  |  |  |  |
| Florida document number Lo70000 61910   |   |  |  |  |  |  |
| This amendment is submitted to amend the following:   |   |  |  |  |  |  |
| A. If amending name, enter the new name of the limited liabil   | ity company here:   |  |  |  |  |  |
| NA  |   |  |  |  |  |  |
| The new name must be distinguishable and end with the words "Limite "L.L.C."  | ed Liability Company," the designation "LLC" or the abbreviation  |  |  |  |  |  |
| Enter new principal offices address, if applicable:   | 14742 STARBEIGHT DR   |  |  |  |  |  |
| (Principal office address MUST BE A STREET ADDRESS)   | DAGE CITY, FL 33525   |  |  |  |  |  |
|   |   |  |  |  |  |  |
| Enter new mailing address, if applicable:   | 14742 STAR DOGAT DR. DAGE CTOY, FL 33525  |  |  |  |  |  |
| (Mailing address MAY BE A POST OFFICE BOX)  | DAG City, FL 33525  |  |  |  |  |  |
| B. If amending the registered agent and/or registered offi  | ice 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 the provisions of all statutes relative to the proper and compleaccept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.  If Change | ete performance of my duties, and I am familiar with and rovided for in Chapter 608, F.S. Or, if this document is |  |  |  |  |  |

1. 12 6 16

MGR = Manager

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:

| MGRM         | = Managing Member        |                          |   |   |
|--------------|--------------------------|--------------------------|---|---|
| <u>Title</u> | <u>Name</u>              |                          | Address   | Type of Action  |
|              |                          | NA                       |   | Add<br>Remove   |
|              | <del></del>              |                          |   | Add Remove  |
|              |                          | <del></del>              |   | Add<br>Remove   |
|              |                          |                          |   | Add<br>Remove   |
|              |                          |                          |   | □Add<br>□Remove   |
| <del></del>  |                          | <del></del>              |   | Add<br>Remove   |
| D. If an     | nending any other inform | nation, enter change(    | (s) here: (Attach additional sheets, if necessary.) |   |
| Dated        | 10-5-2012                |                          |   | FILED STATE SECRETARY OF STATE DIVISION OF CORPORATION: DIVISION OF CORPORATION: 2012 OCT -9 PM 4: 02 |
| Dated        |                          | Signature of a member of | or authorized representative of a member            |   |
|              |                          | CURTIS We                | ST<br>r printed name of signee                      |   |
|              |                          | i y ped o                | r printed name of orginee                           |   |

Page 2 of 2

Filing Fee: \$25.00