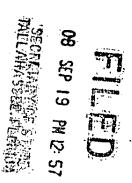


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(A)	ddress)	
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	
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09/19/08--01032--010 **60.00





COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: WEST AVENUE PROP	Name of Limited Liability Company)	
The enclosed Articles of Amendment and	ee(s) are submitted for filing.	
Please return all correspondence concerning	g this matter to the following:	
	Jose R RABEL (Name of Person)	
	WEST AVENUE Pasperties, uc don West Avenue Rence (Firm/Company)	4
<u> </u>	BAY RD # 1565 (Address)	:
Him		89
For further information concerning this ma		19 PM 12: 58:
JOSE R RABEL	at (_ 365 _) 989 0436	6
(Name of Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amou	unt:	
□ \$25.00 Filing Fee □\$30.00 Filin Certificate	c of Status Certified Copy Certificate of (additional copy is enclosed) Certified Cop	Status &

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

West Avenue	Properties, UC	n our racords)	
(A)	Liability Company as it now appears o Florida Limited Liability Company)	ii our recorus.)	
The Articles of Organization for this Limited Lia	ability Company were filed on	23/2608	and assigned
Florida document number L08000078	<u>70 </u>		
This amendment is submitted to amend the follo	wing:		مد د
A. If amending name, enter the new name of	the limited liability company here:		ration of the second
		· ·	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company,	" the designation "	Lactor the abbreviation
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREET	ADDRESS)		
			<u> </u>
_			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B	<u> </u>		· · · · · · · · · · · · · · · · · · ·
	<u></u>	-: 	
B. If amending the registered agent and/o registered agent and/or the new registered off		records, enter	the name of the new
Name of New Parison of Assess	Jose R RABE	•	
Name of New Registered Agent:			
New Registered Office Address:	1508 BAY Rd #	r Florida street ac	dduana)
	` ·	r 1 wriaa sireel ad	,
	MIAMI BEACH (City)	, Florida	(Zip Code)
	(City)		(Zip Coue)

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)

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>	<u>Name</u>	Address	Type of Action
MGRM	JOSE RABEL	1508 BAN Rd #1565 Miami Beach, FL 33139	Add Remove
<u>H</u> GRM_	Jordan Millman	MANY BOACH, FL 33139	Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.)	Add Remove
		3 () () () () () () () () () () () ()	SEP 19 PM 12:
			12: 58
Dated	September 16 , 201	08 .	_
	Signature of a member	er or authorized representative of a member	
	Jose R		
	Туре	d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00