## 1100000006318

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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Special Instructions to Filing Officer:			
A. LUNT			
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

110 JAN 29 PH 3: 26

## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT:	DT L G LIN Name of Limite	Westmont LL d Liability Company	1
The enclosed Articles o	f Amendment and fee(s) are subm	nitted for filing.	
Please return all corresp	ondence concerning this matter to	the following:	
	DTL(	Name of Person  Firm/Company	wt LLC.
	145	4 7TH STREET	
	WE:	ST PALM BEACH, FL 3340	1
	Zetado	City/State and Zip code  Code	2010 JAN 29 PP SECKETARY OF TALLAHASSEE.
Dorot	concerning this matter, please cal	l:at (,	FLORI
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

Name of the Limited Liability Compa	estment i	LL	
(A Florida Limited L	ny as it now appears on ou Liability Company)	<u>ir recurus.</u> )	
The Articles of Organization for this Limited Liability Company Florida document number L. 1.000006318	were filed on	uary /9800 assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the	e designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:		2016 SE	
(Principal office address MUST BE A STREET ADDRESS)		AHE A TI	
		ASS.	
,			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		STATE 26	
	<u></u>		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ords, enter the name of the new	
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 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 of Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member **Type of Action** <u>Name</u> **Address** 14547TH STREET \_\_ Remove WEST PALM BEACH, FL33401 ☐ Add Remove Remove Add Remove  $\square$ Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) re of a member or anthorized representative of a member

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Filing Fee: \$25.00