## L10000070684

(Requestor's Name)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
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(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer: LUNT					
AUG <b>1 8</b> 2010					
EXAMINER					

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## **COVER LETTER**

TO:

Registration Section

Division of Corporations						
		HWKING STUATS GIE ited Liability Company	ss LLC			
The enclosed Articles of A	Amendment and fee(s) are sui	bmitted for filing.				
Please return all correspon	idence concerning this matter	r to the following:				
	EDWA	Name of Person	<del></del>			
	DOG Co,	VSULTING SANCES, Firm/Company	INC			
	B BOX	15266				
		Address	Zale TAL			
	FERNAL	City/State and Zip Code	ZBINAUG 16	OF THE		
		City/State and Zip Code	ASS	American Parameter S		
	シピアと	NOC. COM	EL <sup>-K</sup>	m		
		to be used for future annual report notificati	PH I:	O		
For further information co	ncerning this matter, please of	cail:				
EOwny \	J. Duyen	at ( <u>5%) 655-0</u> Area Code & Daytime Te	166			
Name of	reison	Area Code & Dayume Te	nephone Number			
	1					
Enclosed is a check for the	_	<u> </u>				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enc			
Registra Division P.O. Bo	NG ADDRESS: tion Section of Corporations x 6327 see, FL 32314	STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ons r Circle			

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE WEST ST

COMPREHENSIVE (MINICI	NC 3111A186/65	uc		
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.	)		
(A Florida Lillined Lia	onity Company)			
The Articles of Organization for this Limited Liability Company w	ere filed on JULY 02 3	20/0	and as	signed
Florida document number <u>4 / 00000 70 664</u> .	,			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability	ty company here:			
The new name must be distinguishable and end with the words "Limited "L.L.C."	Liability Company," the designation	on "LLC"		abbreviation
		24 6/2 1 1993	2	
Enter new principal offices address, if applicable:	<u> </u>	F (7)	4005 3109	tment,
(Principal office address MUST BE A STREET ADDRESS)		£14:	aug	
		SSE S	16	in the state of th
		Fig	٥-	[1]
		<u> </u>	PΉ	
Enter new mailing address, if applicable:		<u>:-</u>		"hade"
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	<u>-</u>	
		<del></del>		<u></u>
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	e address on our records, <u>en</u>	er the	name_	of the new
Name of New Registered Agent:		<u></u>	<del></del>	
New Registered Office Address:				
	Entan Elavida atreas	addrage		

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.

City

Zip Code

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

**Type of Action Address** <u>Title</u> <u>Name</u> MG-R SHERYL C DWYER ☐ Add ☐ Remove ☐ Remove Add ],Remove = ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated AUGUST 12, 2010. Signature of a member of authorized representative of a member EUWALD J. DWY GV.
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00