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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates o	of Status
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Special Instructions to	Filing Officer	
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Office Use Only



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T. MATTHEWS

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## **COVER LETTER**

Division of Cor			
	JUNGLE WEST, LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	JOHN P. MAAS, ESQ.		
		Name of Person	
	JOHN P. MAAS, P.A.		
		Firm/Company	
	44 NE 16 STREET		
		Address	
	HOMESTEAD, FL 33030		
		City/State and Zip Code	
	bgwrealty@hotmail.com E-mail address: (	to be used for future annual report notif	ication)
For further information e	oncerning this matter, please ca	all:	
JOHN P. MAAS		305 247-7132	
Name o	f Person	Area Code Daytimo	: Telephone Number
Enclosed is a check for the	ne 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 Addres		Street Address:	ari na
Registration 9		Registration Sec Division of Cor	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FIELD SECRETARY OF STATE DIVISION OF CORPORATION

22 MAY 20 AM 8: 56

	JUNGLE WI	EST, LLC		
( <u>Name of the Limit</u>	ed Liability Compa (A Florida Limited I	ny as it now appears of Liability Company)	n our records.)	
The Articles of Organization for this Limited L Florida document number $\frac{110000077296}{110000077296}$	iability Company	were filed on JULY	22, 2010 and assigned	
This amendment is submitted to amend the foll-	owing:			
A. If amending name, enter the new name o	f the limited liab	ility company here	:	
N/A				
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the desig	gnation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		28400 SW 212 AV	ENUE	
		HOMESTEAD, FL	. 33030	
		LONG MUDAL MUN	onue.	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		1000 W PALM DRIVE PO BOX 349528		
		B. If amending the registered agent and/or in agent and/or the new registered office addre	ss here:	
Name of New Registered Agent:	BENJAMIN L. SPARKS			
New Registered Office Address:	28400 SW 212			
		Enter Florida	street address	
	HOMESTEAD	)	, Florida 33030	
		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 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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
VP	STEIN, SANFORD E	6065 SW 133 ST	
		MIAMI, FL 33156	■Remove
MGR	SPARKS, BENJAMIN L.	28400 SW 212 AVENUE	■Add
		HOMESTEAD, FL 33030	□Remove
			□ Change
			□Remove
			□Change
			□Add
			Remove
			☐ Change
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IS BENJAMIN L. SPARKS.						
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effective date is listed, the date mu e: If the date inserted in this b ument's effective date on the D	st be specific an ock does not	nd cannot be pric meet the appl	or to date of filing icable statutory	or more than 90	days after filing.)	Pursuant to 605.02
cord specifies a delayed effective filed.	e date, but no	ot an effective	time, at 12:01	a.m. on the ear	lier of: (b) Th	e 90th day after th
$ed \frac{5/16}{b} =$		2022	·			
b=	<del></del>		<del></del>			
	Signature of a	a member or aut	horized represen	tative of a memb	oer	<del> </del>

Filing Fee: \$25.00