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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	wth West 5	heds LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	indence concerning this matter	to the following:	
	\leq an	Ira Onufer Name of Person	
	South	h West Stass Firm/Company	110
		Tamiami Trail	, <u>, , , , , , , , , , , , , , , , , , </u>
	Punta	Gorda, FL 3	3955
	E-mail address: (City/State and Zip Code Shed San Code to be used for future annual report notif	Carry ication)
For further information c	oncerning this matter, please ca	ali:	
Sandra	Outer	at (734) 444.	1856
Name o	f Person	Area Code Daytime	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 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

South W	lest Sheds LL	1.C
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our rec Liability Company)	rords.)
The Articles of Organization for this Limited Liability Compan Florida document number <u>4/000/0542</u> 6	y were filed on	P/2010 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	111. (1. v.)	11 (2) at a hard a second 1 (2)
The new name must be distinguishable and contain the words "Limited Liat	onity Company, the designation "	LLC or the appreviation *L.L.C.
Enter new principal offices address, if applicable:	N/F	f
(Principal office address MUST BE A STREET ADDRESS)		
	,	(¢)
Enter new mailing address, if applicable:	N/A	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered or registered of registered agent and/or the new registered office address he		ords, enter the name of the nev
registered agent and write new registered office address ne	<u></u> .	
Name of New Registered Agent:	N/A	
rante of the Meginted Figure		
New Registered Office Address:	Enter Florida street ad	dress
	City .	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent	·	,
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as	- ree to act in this capacity. It e performance of my duties provided for in Chapter 60	, and I am familiar with and 05, F.S. Or, if this document is
heing filed to mercly reflect a change in the registered offic company has heen notified in writing of this change.	e auaress, 1 nerevy conjirm	стасте итнессиарину

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 a or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
<u>AMBR</u>	Jackson, James W. J.	T. 1720 Tamiami Trail Punta Gorda, FL 339	
		Punta Gorda, FL 339	∑ K Remove
			□ Change
			Remove
			Change
			D Add
			□ Remove
			Change
			🖸 Add
			□ Remove
		 	Change
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			Remove
			Change

	N/A
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(If an ef Note:	ive date, if other than the date of filing: 9 / 16 / 20 / 9 (optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	Systember 16 . 2019.
	Signature of a member of authorized representative of a member
	Signature of a memori of antionized representative of a member

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Filing Fee: \$25.00