## L11000013125

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11 APR 25 PH 2: 47

SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON

APR 2 8 2011

**EXAMINER** 

## **COVER LETTER**

TO:	Registration Se Division of Con			•			
SUBJI	ECŤ:	West Coast Ma	nagement Group, LLC				
50.50	Name of Limited Liability Company						
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please	return all correspo	ondence concerning this matter	to the following:				
Ralph Carrasquillo							
			Name of Person				
			Firm/Company				
		2109	2109 Bayshore Blvd. Unit 909				
			Address  Tampa, Florida 33606  City/State and Zip Code				
		Т					
rwcarrasquillo@aol.com  E-mail address: (to be used for future annual report notification)							
			-	шоп)			
For fur	ther information of	concerning this matter, please of	rall:				
	Ralp	h Carrasquillo	at (	93-3234			
•	Name o	of Person	Area Code & Daytime	Felephone Number			
Enclos	ed is a check for t	he following amount:					
<b>₹</b> 25	5.00 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 -FILLU ARTICLES OF ORGANIZATION SECRETARY OF STATE SECRETARY OF STATE SECRETARY OF STATE OF CORPORATIONS

•	OF	11 APR 25	PH 2: 47
West Coast I (Name of the Limited Liability (A Florida	Management Grou	p, LLC	<del></del>
(A Florida	Limited Liability Company	)	
The Articles of Organization for this Limited Liability		January 31, 2011	and assigned
Florida document numberL11000013125	*		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company h	ere:	
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Com	pany," the designation "Ll	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
			· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered agent and/or the new registered office add		our records, enter th	e name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
		, Florida	
<del></del>	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 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 Title Name <u>Address</u> **Type of Action** MGR Doris Carrasquillo 1946 Fruitridae St. ✓ Add Brandon, Florida 33510 Remove MGR Ralph Carrasquillo 2109 Bayshore Blvd. Unit 909 ☐ Add ✓ Remove Tampa Florida 33606 ☐ Add Remove Add Remove ∏Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) January 31 2011 Dated\_ Signature of a member or authorized representative of a member Ralph Carrasquillo

Typed or printed name of signee
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Filing Fee: \$25.00