## 11000034841

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**EXAMINER** 

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SECRETARY OF STATE

## **COVER LETTER**

TO:	Registration Se Division of Cor				
SUBJI	ECT:	WEST IN	TERESTS, LLC		
		Name of Limi	ted Liability Company		
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please	return all correspo	ndence concerning this matter	to the following:		
		RI	CHARD S. MCNEESE		
			Name of Person		
		M	ICNEESE LAW FIRM		
			Firm/Company		
		36468 EMERAL	.D COAST PARKWAY,	SUITE 12	201
			Address	_ <del></del>	<del></del>
DE			STIN, FLORIDA 32541		
		City/State and Zip Code			
		RMCNEE E-mail address: (1	SE@MCNEESETITLE to be used for future annual report	notification)	
For fur	ther information co	oncerning this matter, please o	all:		
	RICHAF	RD S. MCNEESE	at ( 850 )	337-4	242
Name of Person		Area Code & Da			
Enclos	ed is a check for th	e 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 enc.)		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	MAILI	ING ADDRESS:	STREET/CO	URIER AD	DRESS:

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

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WEST INTERESTS, LLC							
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)							
The Articles of Organization for this Limited Liability Company were filed onMARCH 23, 2011 and assigned Florida document numberL11000034841							
This amendment is submitted to amend the following:							
A. If amending name, enter the new name of the limited liability company here:							
4773 DESTINY OCEAN, LLC							
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviati L.L.C."							
Enter new principal offices address, if applicable:							
Principal office address MUST BE A STREET ADDRESS)							
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)							
B. If amending the registered agent and/or registered office address on our records, enter the name of the nuegistered agent and/or the new registered office address here:							
Name of New Registered Agent:							
New Registered Office Address:  Enter Florida street address  Enter Florida street address							
Enter Florida street dadpes							
City, Florida Zip Gode							
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 on Managing Member being added or removed from our records:

MGR = Manager

<u>Γitle</u>	Name	Address	Type of Action
			Add Remove
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). If amen	ding any other information, enter ch	nange(s) here: (Attach additional sheets, if necessary.)	
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Dated	7/13/11/		
	( July	Malan	
		mber of authorized representative of a member	
		ICHARD S. MCNEESE  /ped or printed name of signee	

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Filing Fee: \$25.00