21/000040893

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EXAMINER

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COVER LETTER

TO: Registration Division of C			
SUBJECT:	Vickie	e West L.L.C.	
	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are su	omitted for filing.	
Please return all corres	pondence concerning this matte	r to the following:	
		Vickie West	
		Name of Person	
		Vickie West L.L.C	
Firm/Company			
14121 19th Court		ALLAHASS	
Address		56.5	
Dade City, FL 33525		FIGURE CO	
		City/State and Zip Code	
	Vickie Pemail address: (ewest@tampabay.rr.com to be used for future annual report notification	n)
For further information	concerning this matter, please of		.,
	Vickie West	at (352) 567 Area Code & Daytime Tel	7-1508
минс	OLI GIMBI	Area Code & Dayume Ter	орионе очиност
Enclosed is a check for	the 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

	est L.L.C.			
(Name of the Limited Liability Comp (A Florida Limited	any as it now appear Liability Company)	s on our records.)	
e Articles of Organization for this Limited Liability Compan	y were filed on	April 5, 201	1 an	d assigned
orida document numberL11000040893				
is amendment is submitted to amend the following:				
If amending name, enter the new name of the limited lia	bility company her	<u>e</u> :		
new name must be distinguishable and end with the words "Lin	nited Liability Compa	ny," the designation	on_"LLC" or	the abbrevia
L.C."				3
ter new principal offices address, if applicable:			AA III	
incipal office address MUST BE A STREET ADDRESS)			(S) (S)	SALES SECTION AND THE SECTION
			(1) Jan	
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ter new mailing address, if applicable:		<u> </u>		·
uiling address MAY BE A POST OFFICE BOX)		•	. 69	
		_		
If amending the registered agent and/or registered o istered agent and/or the new registered office address he		ur records, <u>ent</u>	<u>er the nar</u>	ne of the n
and the second of the second o	12,			
Name of New Registered Agent:			<u> </u>	
New Registered Office Address:				
	Enter Florida street address			
		, Florida	l	
	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 Changing Registered Agent, Signature of New Registered Agent

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 Title Name Address Type of Action **MGRM David West** 14121 19th Court 🖊 Add Dade City, FL 33525 Remove ☐ Add Remove _ 🔲 Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Vickie West is no longer Sole Member, and is now MGRM Vickie West owns 70% and David West owns 30% of Vickie West L.L.C. April 19 Dated of a member or authorized representative of a member Vickie West Typed or printed name of signee

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Filing Fee: \$25.00