## 112000104610

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## **COVER LETTER**

Division	n of Corporations					
WIL SUBJECT:	WILLIAM H WEST ENTERPRISES LLC					
SUBJECT:	y					
The enclosed Arti	ticles of Amendment and fee(s) are submitted for filing.					
Please return all c	correspondence concerning this matter to the following:					
	WILLIAM H WEST					
	Name of Person	1				
	Firm/Company	-				
	384 E KINGS HIGHWAY					
	Address					
	CENTER HILL, FL 33514					
	City/State and Zip Code					
	WHW.ENTERPRISE@GMAIL.COM					
	E-mail address: (to be used for future an	nual report notification)				
For further inform	nation concerning this matter, please call:					
WILLIAM H WE		948-6964				
	Name of Person Area Code	Daytime Telephone Number				
Enclosed is a chec	ck for the following amount:					
■ \$25.00 Filing	Fee \$\Bigcup \$30.00 \text{ Filing Fee & } \Bigcup \$55.00 \text{ Filing I } \text{Certified Cop} \text{ (additional copy}	y Certificate of Status &				

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

TO:

**Registration Section** 

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

WILLIAM H WEST ENTERPRISES 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 on  $\frac{8/14/2012}{1}$ and assigned Florida document number 1.12000104610 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: WHW ENTERPRISE LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

. Florida

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
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the record specifies a delayed  ) The 90th day after the reco		ut not an effec	ctive time, at 12:0	1 a.m. on the	e earlier	r of:
JANUARY 22 Dated	2018					
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Typed or printed name of signee

Filing Fee: \$25.00