Division of Corporations Electronic Filing Cover Sheet

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(((H13000161221 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

: GFB TAX SERVICE LLC Account Name

Account Number: 120120000047

Phone : (754)246-6160

: (954)510-2072

**Enter the email address for this business entity to be used for the state of the annual report mailings. Enter only one email address please

C AMND/RESTATE/CORRECT OR M/MG RESIGN **HUGHWEST RESORTS LLC**

gastonbelen@gfbtaxservice.com

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

JUL 22 2013

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07/18/2013 12:58

TO:18506176383 FROM:9545102072

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COVER LETTER

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TO: Registration Section Division of Corporation				
SUBJECT:				
	Name of Limit	ed Liability Company	***************************************	
The enclosed Articles of An	endment and fee(s) are sub	mitted for filing.		
Please return all corresponde	ence concerning this matter	to the following:		
		GASTON BELEN		
		Name of Person	_	
GFB TAX SERVICE LLC				
•	Firm/Company		₩. 2	
	5210 SW 201st TERRACE		2013 JUL 19 SECRETARY	
		Address		
	SOUTHWEST RANCHES, FL 33332			122 July 200
City/State and Zip Code				
	GASTONBE	LEN@GFBTAXSERV	ICE.COM	PARTITE OF STATE
For further information conc	·	•	т поинсацов)	10 A
GAST Name of Pe	ON BELEN	at (754)	246-6160 Daytime Telephone Number	
Name of Fe	rson	Area Code & L	oaytime Telephone Number	
Enclosed is a check for the f	ollowing amount:			
• \$25.00 Filing Fee [\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is end		of Status &

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

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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HUGH (Name of the Limited Lial (A Flor	IWEST R	ESORTS LL	C rs on our records.)			
The Articles of Organization for this Limited Liabilifordida document number	ity Company			and as	signed	
This amendment is submitted to amend the following	ıg:					
A. If amending name, enter the new name of the	limited liab	illty company her	<u>·e</u> :			
The new name must be distinguishable and end with the "L.L.C."	e words "Limi	ited Liability Comp	any," the designation "LI	C" or the	28	
Enter new principal offices address, if applicable	<u>:</u>	6303 BLUE I	AGOON DRIVE	등등	<u>ت</u> ت	
(Principal office address MUST BE A STREET ADD		SUITE 400		2000年	lang.	
		MIAMI, FL 3	3126	15.72 15.72	9	
Enter new mailing address, if applicable:		6303 BLUE I	AGOON DRIVE	OF STA	强	
(Mailing address MAY BE A POST OFFICE BOX)		SUITE 400		THE PART OF	ယ္	
		MIAMI, FL 33126				
THING OF IVON REGISTERED FIGURE.	address her	ERVICE LLC		e name	of the no	
New Registered Office Address:	6303 BLUE LAGOON DRIVE Enter Florida street address					
		MIAMI			33126	
_		City	, Florida	Zip Code		
New Registered Agent's Signature, if changing Registered Agent the appointment as registered ag			apacity. I further agre	·		
the provisions of all statutes relative to the proper accept the obligations of my position as register, being filed to merely reflect a change in the regi- company has been notified in writing of this change	er and comp ed agent as stered office	lete performance provided for in C	of my duties, and I at hanter 608, F.S. Or, i	m familia f this doc	r with an ument is	

If Changing Registered Agen, Signature of New Registered Agent

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MGR = Manager

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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:

MGRM = Managing Member <u>Title</u> Name Address Type of Action **MGR** WESTMANN, HERNAN 500 BAYVIEW DRIVE DR. 1026 ☐ Add Remove SUNNY ISLES BEACH, FL 33160 WESTIX INVESTORS CORP **MGRM** WICKHAMS CAY P.O. BOX 662 Add Remove **ROAD TOWN** TORTOLA, BL00000,00 ☐ Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **JULY 18** 2013 Dated_ Signature of a member or authorise ive of a member **GASTON BELEN**

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00