| (Re                     | equestor's Name)   |           |
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| (Cit                    | ty/State/Zip/Phone | e #)      |
| PICK-UP                 | WAIT               | MAIL      |
| (Bu                     | siness Entity Nan  | ne)       |
| (Do                     | ocument Number)    |           |
| Certified Copies        | _ Certificates     | of Status |
| Special Instructions to | Filing Officer:    |           |
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## , COVER LETTER

|                | istration Sectision of Corp |   |   |  |
|----------------|-----------------------------|---|---|--|
| SURIFCT:       | Westerhold I                | okeinsky LLC  |   |  |
| SUBJECT.       |                             |   | ted Liability Company   |  |
|                |                             | mendment and fee(s) are submedence concerning this matter t | -   |  |
|                |                             | Ernest Westerhold   |   |  |
|                |                             |   | Name of Person  |  |
|                |                             | Westerhold Lokeinsky LLC                                    |   |  |
|                |                             |   | Firm/Company  |  |
|                |                             | 2100 Ponce de Leon Blvd,                                    | Suite 1210  |  |
|                |                             |   | Address   |  |
|                |                             | Coral Gables, Florida 3313                                  | 4   |  |
|                |                             |   | City/State and Zip Code   |  |
|                |                             | brad@abogadosw.com  E-mail address: (t                      | o be used for future annual report notif                          | fication)  |
| For further in | nformation con              | ncerning this matter, please ca                             | ıll:  |  |
| Ernest Weste   | erhold                      |   | 786 879-0598<br>at ()   |  |
|                | Name of                     | Person  | Area Code Daytime   | e Telephone Number   |
| Enclosed is a  | check for the               | following amount:   |   |  |
| □ \$25.00 F    | iling 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

| Westerhold Lokeisky LLC   |   |  |
|---|---|--|
| ( <u>Name of the Limited Liability Compa</u><br>(A Florida Limited l  | ny as it now appears on our records.)<br>Liability Company) | ······································ |
| The Articles of Organization for this Limited Liability Company   | were filed on 8/27/2013                                     | and assigned                           |
| Florida document number L13000120837  |   |  |
| This amendment is submitted to amend the following:   |   |  |
| A. If amending name, enter the new name of the limited liab   | ility company here:   |  |
| Abogados W, LLC   |   |  |
| The new name must be distinguishable and contain the words "Limited Liabi   | lity Company," the designation "LLC" or the a               | bbreviation "L.L.C."                   |
| Enter new principal offices address, if applicable:   | 2100 Ponce de Leon Blvd                                     |  |
| Principal office address MUST BE A STREET ADDRESS)  | Suite 1210  |  |
|   | Coral Gables, FL 33134                                      |  |
|   |   |  |
| Enter new mailing address, if applicable:   | 2100 Ponce de Leon Blvd                                     |  |
| Mailing address MAY BE A POST OFFICE BOX)   | Suite 1210  |  |
|   | Coral Gables, FL 33134                                      |  |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her  Name of New Registered Agent:  New Registered Office Address: |   | the name of the r                      |
|   | , Florida   | 65 V                                   |
|   | 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 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.

If Changing Registered Agent, Signature of New Registered Agent

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                             |
|--------------|---------------------|------------------|--|
| MGR          | Jessica R Lokeinsky | 701 brickell ave | Add  |
|              |                     | Miami, FL 33131  | Remove                                     |
|              |                     |                  | Change                                     |
|              |                     |                  | □ Add                                      |
|              |                     |                  | Remove                                     |
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| ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing of ote: If the date inserted in this block does not meet the applicable statutory for occument's effective date on the Department of State's records. | iling requirements, this date will not   | to 605.02<br>be listed |
| e record specifies a delayed effective date, but not an effectiv<br>The 90th day after the record is filed.   | e time, at 12:01 a.m. on the   | earlier                |
| ated February 18 . 2016.  |  |                        |
|   | ~  |                        |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00