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(Re	equestor's Name)	
(Ad	ldress)	
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(Ĉit	ty/State/Zip/Phone	e #)
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COVER LETTER

TO: Registration Sec Division of Corp		; 	
OF ID ARROWS	MORE, LLC		
		ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	GASTON SCHNEIDER		
		Name of Person	
	THE Q KAPITAL GROU	P, CORP	
		Firm/Company	
	18851 NE 29TH AVE # 10	04 A	
		Address	
	AVENTURA, FL 33180		
		City/State and Zip Code	
	GS@QKAPITALGROUP.		····
·		to be used for future annual report notifi	cation)
For further information co	oncerning this matter, please c	all:	
GASTON SCHNEIDER		305 705.0080	
Name of Person			Telephone Number
Enclosed is a check for th	e 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

WESTANDMORE, LLC	
(<u>Name of the Limited L</u> (A F	lability Company as it now appears on our records.) lorida Limited Liability Company)
The Articles of Organization for this Limited Liabil Florida document number L13000124617	
This amendment is submitted to amend the following	
A. If amending name, enter the new name of the	e limited liability company here:
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	e:
(Principal office address MUST BE A STREET A	DDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO.	<u> </u>
	registered office address on our records, enter the name of the n
B. If amending the registered agent and/or registered agent and/or the new registered office	
registered agent and/or the new registered office	address nere.
Name of New Registered Agent:	
Name of New Registered Agent.	STA :- 6
New Registered Office Address:	Enter Florida street address
-	, Florida

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 beinadded or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action				
MGR	GASTON SCHNEIDER	18851 NE 29TH AVE # 104A-AVI	■ Add				
		##	□ Remove				
			Change				
MGR	SUAZO, TIM	18851 NE 29TH AVE # 104A	Add				
		AVENTURA-FL 33180	Remove				
			Change				
			Add				
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fective date, if other than the date in effective date is listed, the date must be s		not be prior to	date of filin	ng or more than 9	(optional 0 days after filing) g.) Pursuan	ıt to 605	.020
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cument's effective date on the Depart	hem of state	s records.						
record specifies a delayed eff The 90th day after the record	ective date s filed.	, but not	an effec	tive time, at	12:01 a.m.	on the	earlie	er (
ited NOVEMBER, 25TH	,	015	2.					
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00