Division of Corporations Electronic Filing Cover Sheet

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(((H14000176934 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GREENBERG TRAURIG (WEST PALM BEACH)

Account Number : 075201001473 Phone : (561)955-7600 Fax Number : (561)338-7099

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WREST 8 TX 7453 NORTH MESA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

29//4



July 28, 2014

FLORIDA DEPARTMENT OF STATE

GREENBERG TRAURIG (WEST PALM BEACH)

SUBJECT: WREST 8 TX 7453 NORTH MESA, LLC

REF: L14000101045

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Due to transmission problems, your faxed document or coversheet is illegible or incomplete. Please refax the document and cover sheet to this office for processing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Elliott R McCaskill Registration Specialist II PAX Aud. #: H14000176934 Letter Number: 414A00016059

MECENVED 14 JUL 28 AH 7:00

14 JUL 28 AN 9: 03

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WREST 8 TX 7453 North Me	•			
(Name of the Limited). (A F	iability Company Ionda Limited Lie	vas it now appears on our ibility Company)	records.)	
The Articles of Organization for this Limited Liabil Florida document number L14000101045	lity Company w	vere filed on 06/24/20	014	_ and assigned
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	e limited liabili	ty company here:		
The new name must be distinguishable and end with the word	ls "Limited Liabili	ty Company," the designati	on "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable	:			
(Principal office address MUST BE A STREET A	DDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO)	<u>X)</u>			100
B. If amending the registered agent and/or registered agent and/or the new registered office		ce address on our r	ecords, enter the	name of the ne
Name of New Registered Agent:				
New Registered Office Address:				
		Enter Florida street	t address	
-		0	, Florida	7's Code
		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

Page 1 of 3

14 JUL 28 AH 9: 0

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member Type of Action <u>Address</u> Title Name 6401 Congress Avenue **MGR** Edilberto Rodriguez Suite 230-240 _□ Remove Boca Raton, FL 33487 _□ Add _□ Remove ₽PY □ □ Remove _D Add

Page 2 of 3

i aurenoinf	any other information, ent	er change(s) nere:	: (Attach adattional she	eis, ij necessary.)
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			·	
e officative de	e, if other than the date of it to must be specific, cannot be prior current is filed by the Florida Depa	to date of receipt or file	d date and cannot be more th	(optional) an 90 days after
	JULY 24	<u>2014</u>	•	
	•	Cland		
	Signature	of a member or suthon	zed representative of a mem	Der .
A	ndres E. Garcia			
-		Typed or printed	name of signee	

Page 3 of 3

Filing Fee: \$25.00

14 JUL 28 AH 9: 03
SECRETARY OF STATE