Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GREENBERG TRAURIG (WEST FALM BEACH)

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

Fax Number

**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 5 TX NORTH ZARAGOSA ROAD, LLC

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Electronic Filing Menu Corporate Filing Menu

Help

JUL-25-2014 10:17AM FROM-GREENBERG TRAURIG BOCA

FILED 2014 JUL 25 AN 8 049 F-584

ARTICLES OF AMENDMENT TO STORY OF STATE TO TALLABASSEE, FLORIDA OF

WREST 5 TX North Zaragosa Ro	
(<u>Name of the Limited Linbility</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co	ompany were filed on 06/24/2014 and assigned and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
The new name must be distinguishable and end with the words "Lim	nited 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 ADDR.	ESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr	ered office address on our records, enter the name of the new
Name of New Registered Agent:	
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 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

<u>Title</u>	Name	Address	Type of Action
MGR	Edilberto Rodriguez	6401 Congress Avenue	 Add
		Suite 230-240	□ Remove
		Boca Raton, FL 33487	
			Remove
			Add
		· ·	Remove
			
			□ Remove
			
			□ Add
			_ □ Remove
			_
			D Add
			Remove

D. If amending any other information, enter change(s) here: (Attach additional shee	els, if necessary.)
E. Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more this the date this document is filed by the Florida Department of State)	(optional) an 90 days after
Dated JULY 24 (2014)	
Signature of a member or authorized representative of a member of Andres E. Garcia	ber

Page 3 of 3

Filing Fee: \$25.00

