L14000193128

(Re	questor's Name)	
(Ad	dress)	
DA)	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

TO:

Registration Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Cor	porations				
	WNHOMES, LLC	•			
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	indence concerning this matter	to the following:			
	MARIA HARDIE				
		Name of Person			
	SORDO & ASSOCIATES	i, P.A.			
	··· ·	Firm/Company			
	3006 AVIATION AVENU	JE, STE. 2A			
		Address			
	COCONUT GROVE, FL.	33133			
	•	City/State and Zip Code			
	MHARDIE@SORDOLAW			20	
	E-mail address: (to be used for future annual report notifie	ation)	21 D	
For further information e	oncerning this matter, please c	all;		2021 DEC 15	د مر- س ر
MARIA HARDIE		305 859-8107		6	672
Name o	f Person	Area Code Daytime	Telephone Number		Ţ.
Enclosed is a check for the	ne following amount:			9:41	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &	
Mailing Address Registration S		<u>Street Address:</u> Registration Sect	ion		

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BO DE LA SERIE DE

WEST TOWNHOMES, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on 12/18/2014	and assigned
Florida document number L14000193128		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office	address on our records, <u>s</u>	enter the name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida street (addrass
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent	•	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	vee to act in this capacity performance of my dution provided for in Chapter	es, and I am familiar with and 605, F.S. Or, if this document is
I I Cha	nging Registered Agent, Signa	ture 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	DE SANTI. RODRIGO	1101 BRICKELL AVENUE - SOUTH TOWER	
	MIAMI, FL 33131		
			□Change
		Remove	
		□Change	
		□Add	
		①Remove	
			□Change
			□ Add
			Remove
		□Change	
		🗆 Add	
		□Remove	
	_	🗆 Add	
			□Remove
		□Change	

~ 	
_	
lf an etfect <u>Note:</u> If	date, if other than the date of filing:
e record s rd is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b) The 90th day after the
Dated	December 14. 2021
	Signature of a member or authorized representative of a member
	Rodrigo De Santi Typed or printed name of signce

Filing Fee: \$25.00