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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

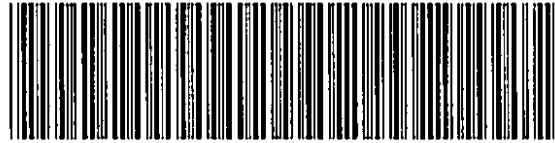
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17 JUL 17 AM 10:27
CLERK OF STATE
TALLAHASSEE, FLORIDA

S. WARREN

JUL 18 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 23, 2017

JACQUELINE WESTCOTT
18206 RIVER OAKS DR
JUPITER, FL 33458

SUBJECT: JACQUELINE WESTCOTT OD LLC.
Ref. Number: L15000126605

We have received your document for JACQUELINE WESTCOTT OD LLC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

CAN NOT HAVE CORP IN AN LLC NAME, ALSO PLEASE WRITE MORE CLEARLY I AM UNABLE TO MAKE OUT THE ACTUAL NAME YOU ARE CHANGING TO

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.

Stacey M Warren
Regulatory Specialist II

Letter Number: 017A00012798



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 5, 2017

JACQUELINE WESTCOTT
18206 RIVER OAKS DRIVE
JUPITER, FL 33458

SUBJECT: JACQUELINE WESTCOTT OD LLC.
Ref. Number: L15000126605

We have received your document for JACQUELINE WESTCOTT OD LLC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

PLEASE RE-DO DOCUMENT ON ENCLOSED FORM THAT IS NOT
SIDEWAYS, ALSO NEED TO SIGN DOCUMENT

The document must be signed by a member or an authorized representative of a member.

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.

Stacey M Warren
Regulatory Specialist II

Letter Number: 617A00011261

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Jacqueline Westcott OD LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jacqueline Westcott
Name of Person

Firm/Company

18204 Zivich Oaks Dr.
Address

Lpika FL 33458
City/State and Zip Code

Jwestcott56@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jacqueline Westcott at (561) 714-9500
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount: already paid (for me sent)

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

Jacqueline Westcott OD 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 7-27-15 and assigned Florida document number L15000126405.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

WESTSIDE MANAGEMENT LLC

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:

(Principal office address **MUST BE A STREET ADDRESS**)

N/A

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

NA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

N/A

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

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TALLAHASSEE, 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

not charging
But was instructed
to sign

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

N/A

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

N/A

E. Effective date, if other than the date of filing: 6-12-17 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

6-12-17

Signature of a member or authorized representative of a member

Jacqueline Westco
Typed or printed name of signee

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17 JUL 17 AM 10:27
STATE OF FLORIDA
TALLAHASSEE, FLORIDA