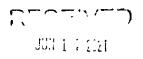
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## **COVER LETTER**

TO: Registration Se Division of Cor		
SUBJECT:	West Cap; tal LLC Name of Limited Liability Company	
The enclosed Articles of	Amendment and fee(s) are submitted for filing.	
Please return all correspo	ondence concerning this matter to the following:	
	Marcus West Name of Person	٠ ١
	Firm/Company	יין זיין
	2952 West Beach St	
	Tampa FL 33607	<u>က</u> က
	E-mail address: (to be used for future annual report nous cation)	
For further information c	concerning this matter, please call:	
There	5a D Zipler at (8/3) 932-9855 Area Code Daytime Telephone Number	
Enclosed is a check for th	he following amount:	
★ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	
Mailing Address	Street Address:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

West	Capital LLC	
(Name of the Limited	Liability Company as it now appears on our Florida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liab Florida document number	oility Company were filed on <u>Jan</u> 2492.	19 2016 and assigned
This amendment is submitted to amend the follow	zing:	
A. If amending name, enter the new name of t	he limited liability company here:	
The new name must be distinguishable and contain the work	Capital LLC ds "Limited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C;"
Enter new principal offices address, if applicab	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	*
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or reg agent and/or the new registered office address b	istered office address on our records, here:	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
	Cin	, Florida
	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

. If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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an effective date is li lote: If the date in	other than the date sted, the date must be sp serted in this block do e date on the Departn	ecific and cannot be ses not meet the ar	oplicable statutory t	(op or more than 90 days af iling requirements, t	otional) der filing.) Pursuant his date will not b	to 605.0201 oc listed as
record specifies a d lis filed.	delayed effective date,	but not an effecti	ve time, at 12:01 a.	m, on the earlier of:	(b) The 90th da	y after the
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	Signat	ure of a member or	authorized representa	tive of a member		<del></del>
		Ma	TCUS printed name of signe	wast		

Filing Fee: \$25.00