11600052379

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	_
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
<u> </u>		

Office Use Only



400290841714

10/03/16--01013--001 **25.00

FILED

SECRETARY OF STATE
SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

SECRETARY OF STATE

D. SCOTT OCT 0 4 2016

COVER LETTER

TO: Registration Section Division of Corporation	ons	
SUBJECT: Wes	Name of Limited Liability Company	
The enclosed Articles of Amend	dment and fee(s) are submitted for filing.	
Please return all correspondence	e concerning this matter to the following:	
_	Daniel Jones Name of Person	
 -	Westgate Solutions LLC Firm/Company	
	200 5. Biscayne Blud, Address	
	City/State and Zip Code westgale solutions LLC Email address: (to be used for future annual report notification)	1 6
For further information concern	المتراجع الم	BOT -
Daniel Jones Name of Person	at (973) 832.3002 FFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFF	1 -3 PN 2:34
Enclosed is a check for the follo	owing amount:	
\$25.00 Filing Fee	Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)	atus &

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

Westqate (Name of the Limited Lize	ability Company as it now appears on o	ur records.)
(A Flo	ability Company as it now appears on o orida Limited Liability Company)	*************************************
The Articles of Organization for this Limited Liability Florida document number	ty Company were filed on 40	4 15, 2016 and assigned
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words "	'Limited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET AL	ODRESS)	
		•
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	
ware to the second seco		70 F
B. If amending the registered agent and/or re	egistered office address on our	records, enter the name of the new
registered agent and/or the new registered office a	address here:	SEE BE
Name of New Registered Agent:		ST 2
		3
New Registered Office Address:	Enter Florida str	
_	City	, Florida Zip Code
		-x

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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member Type of Action Title Name **Address** Agron Ala 41 Algonquin Aux Lincoln Park, NJ 07035 ☐ Remove ☐ Change Dovid Masse 6 Albert Aue. AMBR Upper Buffah, NY 14207 ☐ Remove ☐ Change _□ Add ☐ Remove □ Change □ Add る _□ Remove Remove ☐ Change ☐ Add ☐ Remove

Change

	· ·					
						.
-						
						
					 	
						···
						<u>.</u>
	\$1					
					三角	3
		·				3 1
			•		72	w
· · · · · · · · · · · · · · · · · · ·					715	
					و می میکند. در میند برای میکند. در میکند میکند.	2
					<u> </u>	ಭ
fective date, if other than	a the date of fil	ling:		(6	optional)	
an effective date is listed, the dat ote: If the date inserted in the ocument's effective date on the	his block does no	ot meet the app	licable statutory	g or more than 90 days filing requirements	after filing.) Pursuant s, this date will not b	to 605.02 be listed
record specifies a del The 90th day after the			not an effect	ive time, at 12:0	01 a.m. on the	earlier
	3	_, 2011				
ated September 22	, ×	/ ,				
pated September 2	Danie	f a member or at	nthorized represen	tative of a member		

Page 3 of 3

Filing Fee: \$25.00