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### **COVER LETTER**

	Registration Se Division of Cor						
SUBJEC		ommissary, LLC					
SUBJEC	···	Name of Lim	ited Liability Company	<del> </del>			
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.				
		ndence concerning this matter	ū				
		Thomas H. Robinson					
			Name of Person				
		Westside Commissary, LL	С				
		<del> </del>	Firm/Company				
		5030 Portsmouth Road				=1.0	
			Address		16 (	ALC:	
		Fairfax, VA 22032			16 OCT 27	E E	
		- MANAGE	City/State and Zip Code		27	35E8	
		tomrobinsonfl@gmail.com			PH	三日	
		E-mail address: (	to be used for future annual report notifica	tion)	t: t0	ORID.	
For furth	er information c	oncerning this matter, please co	all:		0	<u> </u>	
Thomas	H. Robinson		703 861 -7541	/			
	Name o	f Person		elephone Number	_		
Enclosed	l is a check for th	ne following amount:					
\$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fe Certificate of S Certified Copy (additional copy is	tatus &		
		ING ADDRESS:	STREET/COURIER	ADDRESS:			
	Divisio	ration Section on of Corporations ox 6327	Registration Section Division of Corporation Clifton Building	ons			

Taliahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Westside Commissary, LLC		
(Name of the Limited Liability Comps (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L16000190902	were filed on October 15, 2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or t	he abbreviation "L.L.P."
Enter new principal offices address, if applicable:		9 5
(Principal office address MUST BE A STREET ADDRESS)		2 53
		- marc
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		iter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	a
	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

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See Page 2 63

## 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>	<u>Address</u>	Type of Action
AMBR	William A. Robinson	2475 Winchester Lane	<b>_</b> Add
		St. Augustine, Fl 32092	Remove
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effective te: If th	date, if other the date is listed, the date inserted in	date must be spe n this block do	of filing: _ eific and can es not meet	the applica				filing.) Pursua	
ument's	s effective date of	n the Departm	ent of State	s's records.					
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ed Octo	ober 23, 2016		, , _	A.K.	<del>2</del> .				
	<del> </del>	Signati	ire of a men	ber or autho	rized represer	tative of a mo	ember		<del></del>

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