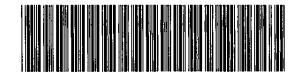
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(Red	questor's Name)	
(Add	dress)	<u></u>
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(City	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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SECRETARY OF STATE

S Warren DEC 19 2016

COVER LETTER

	egistration Sec ivision of Cor			S
CUBIECT	West San Po	edro, LLC		
Name of Limited Liability Company				
The enclos	ed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please retu	rn all correspo	ndence concerning this matter	to the following:	
		Daniel Feinman		
			Name of Person	
			Firm/Company	
		2811 W. Angeles Street		
		Tampa, FL 33629	Address	
		Dfeinman1@aol.com	City/State and Zip Code	
		•	to be used for future annual report notific	eation)
For further	information co	oncerning this matter, please ca	all:	
Daniel Fe			646 320-7997 at ()	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclosed i	s a check for th	e following amount:		
\$25.00) Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$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

WEST AN PEDRO, LLC				
(<u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears o imited Liability Company)	n our records.)		
The Articles of Organization for this Limited Liability Con Florida document number 416000 21758	***	13012016	and assign	ned
This amendment is submitted to amend the following:	•			
A. If amending name, enter the new name of the limite	d liability company here	:		
WEST SAN PEDRO, LLC				
The new name must be distinguishable and contain the words "Limited	d Liability Company," the desig	nation "LLC" or the abbre		3.11
Enter new principal offices address, if applicable:		() () () () () () () () () ()		
(Principal office address MUST BE A STREET ADDRE	<u>SS)</u>	23	(1) (1) (1)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address		ur records, enter th	e name of	the n
Name of New Registered Agent:				
New Registered Office Address:				
New Registered Office Address.	Enter Florida	street address		
		, Florida		
	City		Zip Code	
New Registered Agent's Signature, if changing Registered A	Agent:			
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered	nplete performance of m nt as provided for in Cha	y duties, and I am far apter 605, F.S. Or, if	niliar with a this docume	and ent is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			☐ Remove
			Change
			Add
			□ Remove
			Change
			🗀 Remove
			Change
			Remove
			Change
			□ Remove
			Change
			Add Add
			P STATE Change

B . V	ther information, enter change(s) here: (Attach additional sheets, if necessary.)
	• •
	
	
Note: If the date i	ther than the date of filing: 11/30/2016 (optional) ted, 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) erted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the date on the Department of State's records.
	es a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: fter the record is filed.
Dated	December 13 2016
-	2016 7 1 A
	Signature of a member or authorized representative of a member
	Daniel Feinman
	Typed or printed name of signee
	Page 3 of 3
	Page 3 of 3

Filing Fee: \$25.00