L17000 025120

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O SIMMONS MAR 0 9 2017 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 545190 149697A

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE: March 8, 2017

ORDER TIME : 12:33 PM

ORDER NO. : 545190-005

CUSTOMER NO: 149697A

DOMESTIC AMENDMENT FILING

NAME: WEST HARVESTING, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

YX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER'S INITIALS:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WEST HARVESTING, LLC		
(Name of the Limited Liability Com (A Florida Limite	nany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compare Florida document number <u>L17000025120</u>	ny were filed on February 2, 2017,	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	1
The new name must be distinguishable and end with the words "Limited L	iability Company," the designation "LLC" or the ab	
Enter new principal offices address, if applicable:		-
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	P.O. Box 250	
(Mailing address MAY BE A POST OFFICE BOX)	Ocoee, FL 34761	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h Name of New Registered Agent: New Registered Office Address:		the name of the new
	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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Stacy Lynn Williams	155 West Oakland Avenue	■ Add
		Ocoee, FL 34761	☐ Remove
			□ Add
			□ Remove
			□ Remove
			□ Add &
			□ Remove ○
			Add
			☐ Remove
			O Add
			□ Remove

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<u>**</u>		_
he effective date	must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after ment is filed by the Florida Department of State)	
Dated	Money forther	
1 1/1/11	Signature of a member or authorized representative of a member Thorya < 508 + West Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00