Division of Corporations Electronic Filing Cover Sheet

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(((H17000059021 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : AGI REGISTERED AGENTS, INC.

Account Number : I20000000205

Phone Fax Number : (305)416-6800 : (305)416-6811

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\* 🖫

	Address:			
-mail	DOOTPES:			

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN OAPP WEST COM, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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Electronic Filing Menu

Corporate Filing Menu

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ADAMS GALLINAR PA

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## **COVER LETTER**

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	gistration Section of Corp			
	OAPP WES	T COM, LLC		
SUBJECT:			ited Liability Company	
The enclose	d Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return	n all correspoi	ndence concerning this matter	to the following:	
		Diane M. Hernandez		
			Name of Person	
		Adams Gallinar, P.A.	4,	
			Firm/Company	
		1000 Brickell Avenue, Suit	te 300	
			Address	
		Miami, Florida 33131		
			City/State and Zip Code	
		dhernandez@agilaw.com		
		E-mail address: (	to be used for future annual report notific	ation)
For further i	nformation co	oncerning this matter, please ca	all:	
Diane M. H	emandez		305 416-6800	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	e following amount:		
<b>=</b> \$25.00 i	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	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

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H17000059021 3)))

C	DAPP WEST COM, LLC	
(Name of the Limited Liabi	ility Company as it now appears on our reco da Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liability	Company were filed on 2/15/2017	and assigned
Florida document number L17000034360		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
OAPP WEST COM PLAZA, LLC		
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "Li	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	
Enter new mailing address, if applicable:		fair y
(Mailing address MAY BE A POST OFFICE BOX)		And I
		\$5 t.
	4	
B. If amending the registered agent and/or reg	istered office address on our recor	ds, enter the name of the new
registered agent and/or the new registered office ad	dress here:	
		To the second
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addi	ress
	.1	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

MGR = Manager

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: (((H17000059021 3)))

AMBR = A	uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			☐ Remove
			☐ Change
			□ Add
		<u> </u>	☐ Remove
			Change
		48-18-14-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	☐ Add
			∰ □ Remove
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Typed or printed name of signee

Robert R. Adams, Esq., Authorized Representative

Filing Fee: \$25.00