

L17000128323

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

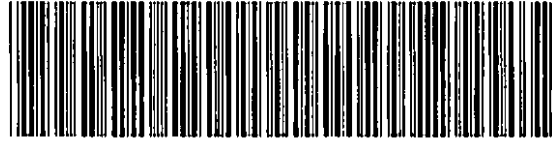
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800305914428

11/27/17--01024--007 **25.00

FILED
17 NOV 27 AM 10:09
STATE
TALLAHASSEE, FLORIDA

J. LEGGETT
NOV 28 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: WESTBROOK CAPITAL, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RAFAEL VERDE

Name of Person

WESTBROOK CAPITAL, LLC

Firm/Company

1123 NE 40th RD

Address

HOMESTEAD, FL 33033

City/State and Zip Code

westbrookcap1@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RAFAEL VERDE

305 910-8283
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

WESTBROOK CAPITAL, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 06/13/2017 and assigned
Florida document number L17000128323.

This amendment is submitted to amend the following:

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 designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1123 NE 40TH RD

HOMESTEAD, FL 33033

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

11233 NE 40TH RD

HOMESTEAD, FL 33033

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Rafael Verde

New Registered Office Address:

1123 NE 40th RD

Enter Florida street address

Homestead

City

Florida 33033

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 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>	<u>Type of Action</u>
MGR	RAFAEL VERDE	1123 NE 40TH RD	<input checked="" type="checkbox"/> Add
		HOMESTEAD, FL 33033	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	G&D Business Services, Inc	6123 SW 41st CT	<input type="checkbox"/> Add
		Davie FL 33314	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Global Enterprise Financial, LLC	16040 SW 68th ST	<input type="checkbox"/> Add
		Miami, FL 33193	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

17 NOV 21 AM 10 09
SECURITY
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 11-11-01 BY 60322 UCBAW

17 NOV 21 AM '53
FALLA
FLORIDA

FILED

11/14/2017

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 11/14/2017

Signature of a member or authorized representative of a member

Rafael Verde

Typed or printed name of signee