1700140098

(Re	questor's Name)	
(Ad	dress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	= #)
PICK-UP	MAIT	MAIL
(Bu	rsiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
		;

Office Use Only



900332759019

08/06/19~~01001--005 **55.00

2019 AUG -5 AM 9: 07

C. GOLDEN AUG - 6 2019

CORPORATE ACCESS, _

When you need ACCESS to the world

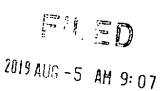
INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

	PIC	K UP:08/05/2019
жж	CERTIFIED COPY	
	РНОТОСОРУ	
	CUS	
хх	FILING	AMENDMENT
	WESTSIDE LAKESHO	RE DEVELOPMENT, LLC MENT #)
	(CORPORATE NAME AND DOCU	MENT#)
	(CORPORATE NAME AND DOCU	MENT #)
	(CORPORATE NAME AND DOCU	MENT #)
	(CORPORATE NAME AND DOCU	MENT#)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



WESTSIDE LAKESHORE DEVELOPMENT, LLC

(Name of the Limited (A	Liability Company as it new appear. Florida Limited Liability Company)	irs on our records.)	na sežili
The Articles of Organization for this Limited Liab Florida document numberL17000140698		June 28, 2017	• •
This amendment is submitted to amend the follow	ring:		
A. If amending name, enter the new name of the	he limited liability company h	<u>iere</u> :	
The new name must be distinguishable and contain the word	ds "Limited Liability Company." the	designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:		
Principal office address MUST BE A STREET	ADDRESS)		
Mailing address MAY BE A POST OFFICE BO B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address o	n our records,	enter the name of the n
Name of New Registered Agent:			
New Registered Office Address:	Enter Fle	rida street address	
		, Flor	ida
	City		Zip Code
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered a provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the reg company has been notified in writing of this ch	agent and agree to act in this and complete performance o wed agent as provided for in gistered office address, I here	f my duties, and Chapter 605, F.	I am familiar with and S. Or, if this document is

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>	Address	Type of Action
AMBR	WESTSIDE CAPITAL, LLC	701 BRICKELL AVENUE MIAMI, FL 33131	
			■ Remove
			Change
AMBR	GO REALTY HOLDINGS, LLC	11110 W OAKLAND PARK BOULEVARD	
		UNIT 289 SUNRISE, FL 33351	≅ Remove
			□ Change
AMBR WESTSIDE LAKESHORE DEVELOPMENT HOLDING, LIC	WESTSIDE LAKESHORE DEVELOPMENT HOLDING, LI	701 BRICKELL AVENUE MIAMI, FL 33131	∃ Add
			□ Remove
			☐ Change
		<u></u>	□ Add
			☐ Remove
			☐ Change
			☐ Remove
			□ Change
			Remove
			□ Change

N/A	
fective	date, if other than the date of filing: (optional) ive date is listed, 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
ote: If	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as th
cumen	t's effective date on the Department of State's records.
recoi	od specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed.
THE 3	sall day arter dis record is med.
	July 31 / 2019
ated	
	/ (Xleleje, X
	Signature of member or authorized representative of a member
	Neil S. Rollnick, Authorized Signatory of AMBR