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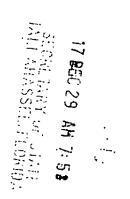
(Re	equestor's Name)	
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(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:		
(Bi	usiness Entity Name	)
(Do	ocument Number)	
Certified Copies	Certificates o	f Status
Special Instructions to	Filing Officer:	

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## **COVER LETTER**

Division of Co	orporations		
SUBJECT: _		westments, LLC	
		nited Liability Company	·
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Kevin Lastres		
		Name of Person	
	Lastres Investments, LLC		
	<del></del> -	Firm/Company	
	3324 W. University Avenu	ne, #239	
		Address	
	Gainesville, Florida, 3260	7	
	Varia Lastera Cl. at a L.	City/State and Zip Code	
	Kevin.Lastres@LastresInvo	to be used for future annual report notif	iontion)
For further information of	concerning this matter, please co	•	eation)
Kevin Lastres	preuse es	352 888-7855	
		at () Area Code Daytime	
Name c	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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:

TO:

**Registration Section** 

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

(Name of the Lir	nited Liability Compa	ny as it now annears on o	tr records )	<del></del>	
( <u></u>	(A Florida Limited I	ny as it now appears on or liability Company)	<u> </u>		
The Articles of Organization for this Limited	Liability Company	were filed on October	25th, 2017	_ and assigned	
Florida document number	<del></del> .				
This amendment is submitted to amend the fo	llowing:				
A. If amending name, <u>enter the new name</u>	of the limited liabi	ility company here:			
he new name must be distinguishable and contain the	words "Limited Liabil	ity Company," the designat	ion "LLC" or the abbre	viation "L.L.C."	
Enter new principal offices address, if appl	icable:				
Principal office address MUST BE A STRE			23	1	
			77-21		
			# # # # # # # # # # # # # # # # # # #	0	
Enter new mailing address, if applicable:			SSE	29	
(Mailing address MAY BE A POST OFFICE BOX)				Tr.	
				Tel Same	
				60 60	
If amonding the registered asset		,			
<ol> <li>If amending the registered agent and egistered agent and/or the new registered</li> </ol>	office address here	nce address on our	records, <u>enter the</u>	e name of the	
-		•			
Name of New Registered Agent:	Carlos Lastres	<u> </u>			
New Registered Office Address:	9700 S. Dixie H	ighway, Suite #100			
		Enter Florida stre	et address		
	Miami		, <b>Florida</b> 33156	ı	
		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 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>	Type of Action
MGR	Kevin Lastres	7774 SW 54th Ave	<b>⊟</b> Add
		Miami, F1, 33143	
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			Remove
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			<del>-</del>	75	<del></del> '	; 
		<del></del>	· · · · · · · · · · · · · · · · · · ·	<u> </u>	сп <b>Ф2</b>	· ············
fective date, if other than the date in effective date is listed, the date must be spote: If the date inserted in this block document's effective date on the Department of th	ective date, but no	able statutory filing	requirements, this	date wi	ll not b	e listed
the 90th day after the record is	s filed.					
December 26th ted	2017	( )	<i>^ /</i>			

Page 3 of 3

Filing Fee: \$25.00