L18000002716

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Jame Chang

COVER LETTER

	istration Secti sion of Corpo			,			
SUBJECT:	THE BOWER	Y WEST					
		Name of Limit	ted Liability Company				
The enclosed	Articles of An	nendment and fee(s) are subm	nitted for filing.				
Please return	all correspond	ence concerning this matter t	o the following:				
		ANTOINE MATAR					
			Name of Person				
METZLER ADVISORY, LLC							
		410 S. CEDAR AVE	Firm/Company				
		Address TAMPA, FL 33606					
		AMATAR@METZLERAD				19 177	
For further in	aformation con-	E-mail address; (to cerning this matter, please ca	o be used for future annual re	port notification)			COLTORATIONS
KEVIN LILI	LY		941 324- at ()	8175		19:14	98.7) 98.7)
	Name of P	erson	Area Code	Daytime Telephor	ne Number	12	LIGHS
Enclosed is a	check for the	following amount:					
■ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo		560.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclo		

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

BOWERY WEST LLC	
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)
The Articles of Organization for this Limited Liability Com Florida document number <u>L18000002716</u> .	pany were filed on JANUARY 3, 2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	l liability company here:
WEST YBOR BARTERHOUSE, LLC	
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 ADDRES	<u> </u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	- Ti-
	ري حـ
R If amending the registered agent and/or registers	چے ہے ed office address on our records, <u>enter the name of the</u>
registered agent and/or the new registered office address	
	
Name of New Registered Agent:	
N D 1 1000 AH	
New Registered Office Address:	Enter Florida street address
	Planda
	, Florida

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 = Ma	unager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			☐ Change
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ective date, if other the effective date is listed, the date. If the date inserted in ument's effective date of	i this block does not n	neet the applicable	ate of filing or more e statutory filing re	(optiona than 90 days after filir quirements, this da	l) (g.) Pursuant to 605.020 (e will not be listed a
record specifies a d he 90th day after th			n effective time	e, at 12:01 a.m	. on the earlier o
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Filing Fee: \$25.00