L1800019583

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D. SCOTT JAN 3 0 2518

COVER LETTER

Division of Co	rporations			
	da Developers Group LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	William E Nix			
•		Name of Person		
	West Florida Developers O	Group LLC		
		Firm/Company		
	12291 69th Ter			
		Address		
	Seminole, Florida 33772			
		City/State and Zip Code		
	bnix@outlook.com		<u> </u>	٦ ٢
•	E-mail address: (to be used for future annual report notific	cation)	點量 竹
For further information of	concerning this matter, please c	all:		宝 三
William e Nix		727 251-0028		11000000000000000000000000000000000000
· Name o	of Person		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)	Certified (of Status &
Mati	ING ADDRESS:	STREET/COURIE	R ADDRESS:	

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, Fl. 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

West Florida Developers Group 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 Liab Florida document number L180000019583	bility Company were filed on Jan 22,2018	and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	the limited liability company here:	
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Be	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered offi	r registered office address on our records, <u>e</u> <u>ce address here</u> :	enter the name of the ne
Name of New Registered Agent:		2 m
New Registered Office Address:		
	Enter Florida street address Florid	To Riffy
	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> Address Type of Action <u>Name</u> T Equity Way, Westlake OHIO 44145 Figurity Trust Co Custodian FBO Da AMBR 🖹 Add Equity Trust COMPANY □ Remove EUSTODIAN FBO DAVID NIX ☐ Change _□ Add □ Remove _□ Change □ Add □ Remove ☐ Change ☐ Remove ☐ Change □ Add _□ Remove _□ Change

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Filing Fee: \$25.00