L18000037249

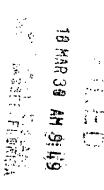
(Re	equestor's Name)	<u> </u>
(Ad	dress)	. <u></u>
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Registration S Division of Co			
	M WESTWOOD LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub- ondence concerning this matter	-	
	MARSHA SIHA		
		Name of Person	
	INCFILE.COM LLC		
		Firm/Company	······
	17350 STATE HWY 249	SUITE 220	
		Address	
	HOUSTON TX 77064		
	MARSHA@INCFILE.COM	City/State and Zip Code	
		to be used for future annual report notifi	cation)
For further information	concerning this matter, please ca	all:	
MARSHA SIHA		888 462-3453 at ()	
Name (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)	□ \$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

BURGERIM WESTWOOD LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number L18000037249		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Large Capital II, LLC		
he new name must be distinguishable and contain the words "Limited Liabil	tity Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	713 Fox Gate Ct	
Principal office address MUST BE A STREET ADDRESS)	Plant City FL 33563	
Enter new mailing address, if applicable:	713 Fox Gate Ct	
Mailing address MAY BE A POST OFFICE BOX)	Plant City FL 33563	
		<u> </u>
		₩.
3. If amending the registered agent and/or registered of		er the name of the
egistered agent and/or the new registered office address here	<u>e;</u>	.
Name of Name Davids at A		9
Name of New Registered Agent:		-
New Registered Office Address:		
	Enter Florida street address	
	, Florida	71.01
	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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			□ Remove
			Change
			Add
			☐ Remove
			☐ Change
			Add
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			□ Remove
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ective date, if other than t	he date of filing:	(optional)
		ng or more than 90 days after filing.) Pursuant to 605.020 y filing requirements, this date will not be listed a
ument's effective date on the	Department of State's records.	· · · ·
record specifies a delay	ved effective date, but not an effect	tive time, at 12:01 a.m. on the earlier
he 90th day after the r		tive time, at 12.01 a.m. on the earner
March 23	2018	_
ed		
	Signature of member or authorized represen	ntative of a member

Page 3 of 3

Filing Fee: \$25.00