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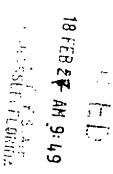
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Certified Copies	_ Certificates	of Status
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COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT: Tra	adition West	ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are subt	nitted for filing.	
Please return all correspond	dence concerning this matter (to the following:	
	Jeanetta	TOrres Name of Person	
	Tradition	Nest, LC	
	1131 SW GO	ardena Ave. Address	
	Port St Li	City/State and Zip Code CS 568164al o be used for future annual report notifi	53
	E-mail address: (1	es 5681 Qual o be used for future annual report notifi	no. Com
For further information con	ncerning this matter, please ca	dl:	
Jeanetta Name of 1	Torres	at (917) 701- Area Code Daytime	7441 Telephone Number
Enclosed is a check for the	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

Iradition	West, LCC
(<u>Name of the Limited Liab</u> (A Flori	bility Company as it now appears on our records.) rida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number <u>U8</u>	
This amendment is submitted to amend the following:	:
A. If amending name, enter the new name of the li	imited liability company here:
The new name must be distinguishable and contain the words "L	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 ADI	DRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or regregistered agent and/or the new registered office ad	gistered office address on our records, enter the name of th
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	Enter Florida street address
	. Florida
	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 = A	authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Nicholas Estrada	468SW Crawfish Dr.	
		PortStlucie, FL34953	3 □ Remove
			Change
MGR	Tori Stevens	2057 SW Pruitt St.	Add
		Portstlucie, FL34953	3 □ Remove
			Change
			Add
			☐ Remove
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etive date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing: If the date inserted in this block does not meet the applicable statutor ment's effective date on the Department of State's records.	(optional) ng or more than 90 days after filing.) Pursuant ry filing requirements, this date will not l	to 605 be list
ecord specifies a delayed effective date, but not an effec ne 90th day after the record is filed.	tive time, at 12:01 a.m. on the	earli
d February 22, 2018.		
Signature of a member or authorized represe	entative of a member	

Page 3 of 3

Filing Fee: \$25.00