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(Re	equestor's Name)	
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COVER LETTER

TO:	Registration Se Division of Cor	ction porations		
SUBJE	WEST REA	ALTY LLC		
SOBJE	-1: <u></u>	Name of Limi	ted Liability Company	
The encl	osed Articles of	Amendment and fee(s) are subr	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		JULIET MARVENKO		
			Name of Person	
		WEST REALTY LLC		
			Firm/Company	
		1717 COACHMAKERS L	ANE	
			Address	
		CLEARWATER, FLORID	A 33765	
			City/State and Zip Code	
		drjmarvenko@gmail.com		
			o be used for future annual report notific	ation)
For furth	er information co	oncerning this matter, please ca		0001
JULIET	MARVENKO		at (M) Y S 6 Area Code Daytime	5326
	Name of	f Person	Area Code Daytime	l'elephone Number
Enclose	d is a check for th	ne following amount:		
	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

WEST REALTY LLC			
(Name of the Limited Liability Compa (A Florida Limited I	nny 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 L18000049435			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	pility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or th	e abbreviation "L.L.C."	-
Enter new principal offices address, if applicable:			_
(Principal office address MUST BE A STREET ADDRESS)			₽s
			
		APR	AHA AHA
Enter new mailing address, if applicable:		26	SS
(Mailing address MAY BE A POST OFFICE BOX)		3	_F
		<i>ယူ</i> ′	01. 1.S
		07	STATE LORID
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, <u>ent</u> <u>e</u> :	er the name of the	
Name of New Registered Agent:			
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 = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	ROBERT MARVENKO	1717 COACHMAKERS LANE	
		CLEARWATER, FLORIDA 33765	■ Remove
			Change
			Add
			☐ Remove
			☐ Change
			Add
			Remove
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			□ Remove
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	······································		Add
			Remove
			☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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	APR
	LAHASSEE, FLORIDA
	PA S
	A REF
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.	.0207 (3)(b) ed as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie (b) The 90th day after the record is filed.	er of:
Dated	
Signature of a member of authorized representative of a member	
JULIET MARVENKO	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00

LSS 4411 Stross Law Firm, P.A. 1801 Peppertree Drive Oldsmar FL 34677-2741

