(Requestor's Name) (Address)	100324969511
(Address) (City/State/Zip/Phone #)	10002 1000011
PICK-UP WAIT MAIL (Business Entity Name)	02/19/1901025008 **25.00
(Document Number)	
Certified Copies Certificates of Status Special Instructions to Filing Officer:	2019 FEB 19 FH12: 20
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FEB 2 3 2019

COVER LETTER

TO: Registration Section Division of Corporations

WESTILLRUNFAST, LLC

SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

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Please return all correspondence concerning this matter to the following:

LINDA HULBERT

Name of Person

Firm/Company

P.O. Box 6254

Address

LAKELAND, FL 33807

City/State and Zip Code LHULBERT@TAMPABAY.RR.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LINDA HULBERT 863 647-5815 at (_____) Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

S30.00 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

ARTIC	LES OF O	RGANIZATION
(<u>Name of the Limited</u> (A	WESTILLRUN <u>Liability Compan</u> Florida Limited Li	v as it now appears on our records.)
The Articles of Organization for this Limited Liab Florida document numberL18000075904	vility Company v	vere filed on March 16, 2018 and assigned
This amendment is submitted to amend the follow	ring:	Ci là
A. If amending name, <u>enter the new name of t</u>	<u>he limited liabil</u>	ity company here:
The new name must be distinguishable and contain the wor	ds "Limited Liabilit	y Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (<i>Principal office address MUST BE A STREET ADDRESS</i>)		464 West Pipkin Road
		Lakeland. FL 33813
Enter new mailing address, if applicable:		P.O. Box 6254
(Mailing address MAY BE A POST OFFICE BOX)		Lakeland, FL 33807
B. If amending the registered agent and/or registered agent and/or the new registered offic	•	ice address on our records. <u>enter the name of the new</u>
Name of New Registered Agent:	Mark Hulbert	
New Registered Office Address:	464 West Pipki	n Road
<u></u>		Enter Florida street address

New Registered Agent's Signature, if changing Registered Agent:

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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 bereby confirm that the limited liability company has been notified in writing of this change.

Lakeland

City

If Changing Registered Agent, Signature of New Registered Agent

33813

Zip Code

, Florida _

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

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<u>Title</u>	<u>Name</u> Clint Walker	<u>Address</u> 1065 S. Tennessee Ave.	Type of Action
AMBR		Lakeland, FL 33803	🗆 Add
			Remove
			Change
MGR	Kyle Hulbert	464 West Pipkin Road Lakeland, FL 33813	🗟 Add
			Remove
		<u> </u>	Change
			Add
			Remove
			Change
			🗆 Add
			🗆 Remove
			Change
		 	O Add
		<u> </u>	Remove
			Change
			🗆 Add
			Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated	September 18	2018	
		Signature of a member or authorized representative of a member	
	Mark Hul	bert	

Typed or printed name of signce

Page 3 of 3

Filing Fee: \$25.00