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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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SECRETARY OF FIATE DIVISION OF CORPORATION

N COOPER SEP 21 2018

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	D_1	MENTSLC ited Liability Company	
	Amendment and fee(s) are sub	-	
Please return all correspo	indence concerning this matter	to the following:	
	SAD1 Q	FA2A1 Name of Person	.
	20 1 I.	WEST MENTS LLC.	
	6432 5011	Address	
	Bellview	City/State and Zip Code City/State and Zip Code to be used for future annual report notif	
	Ponnis OP E	to be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	all:	
JHGJHGJKHGKK	PAZAL f Person	at (<u>352</u>) <u>304</u> . Area Code Daytime	- 5500 Telephone Number
Enclosed is a check for the	ne 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

PD 1 Two JESTIMENT (Name of the Limited Liability (A Florida I	Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
The new name must be distinguishable and contain the words "Limit	ted 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 ADDRI	
	SECRETARIAN SEP 1
Enter new mailing address, if applicable:	<u></u>
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registe	ered office address on our records, enter the name of the new
registered agent and/or the new registered office addre	ess here:
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
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Effective date, if fan effective date is Note: If the date	listed, the date monserted in this b	ust be specific and colock does not me	cannot be prior to deet the applicable	ate of filing or more	than 90 days af		
locument's effecti	ve date on the I	Department of Sta	ite's records.				
e record speci The 90th day			te, but not a	n effective tim	e, at 12:01	. a.m. on th	ie earlier
Dated							
/	2X 1	/					

Page 3 of 3

Filing Fee: \$25.00