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DIVISION OF CORPORATION

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: PW WESTSHORE PLAZA LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
James Talton
Name of Person
Pronto Wash Firm/Company
Firm/Company
511 W. BAY STREET, SUITE 369
, redictor
Tampa, FLORIDA 33COL City/State and Zip Code
james @ bluemar ble strategic. com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tames Talton at (813) 431-1138 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certificate of Status \$\Bigcup \$ (additional copy is enclosed) \$\Bigcup \$60.00 Filing Fee, 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

PW WESTSHORE P	LAZA, LLC	
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company w	were filed on $5 3 2018$ and assign	ed
Florida document number <u>L 8000 3595 .</u>	• 1	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbreviation "L.L.C.	."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>) V:S
	AUG.	
	-9	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	_ _	<u> </u>
B. If amending the registered agent and/or registered office address here:		the new
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 provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a	performance of my duties, and I am familiar with a covided for in Chapter 605, F.S. Or, if this docume	nd

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage	enter the title,	name, and	l address of	f each perso	n being added
or,removed from our records:				-	

MGR = Manager AMBR = Authorized Member **Title** <u>Name</u> <u>Address</u> **Type of Action** CARLOS CORTEZ 701 BRICKELL AVE MGR SUITE 850 MIAM, FLORIDA 33131 ☐ Change □ Add ☐ Remove Change _□ Add _□ Remove _□ Change □ Add _□ Remove ☐ Change _□ Add _□ Remove ☐ Change _□ Add

□ Remove

_□ Change

	
	
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fective date, if other than the date of filing:(optional) 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be becoment's effective date on the Department of State's records.	

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Filing Fee: \$25.00