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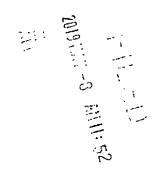
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COVER LETTER

TO:		tration Sec ion of Corp						
cito in		Vestarenne,	LLC					
Name of Limited Liability Company								
The encl	losed 7	Articles of A	mendment and fee(s) are sub	mitted for filing.				
Please re	eturn a	ll correspon	dence concerning this matter	to the following:				
			Alexandra Kiceniuk					
			Westarenne, LLC	Name of Person				
			3690 W Gandy Blvd Ste 40	Firm/Company 06				
			Tampa, FL 33611	Address				
			akdevarenne@extravirginal	City/State and Zip Code liance.org				
			E-mail address; ()	to be used for future annual report noti	fication)			
For furth	ner info	ormation co	ncerning this matter, please ea	all:				
Alexand	lra Kie	eniuk		707 338-1642				
		Name of l	Person	Area Code Daytim	e Telephone Number			
Enclosed	d is a c	heck for the	following amount:					
= \$25,	00 Fili	ing 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)			

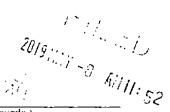
MAILING ADDRESS:

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**



Westarenne, LLC

(A Florida	v Company as it now appears on our Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Co	ompany were filed on December	6, 2018 and assigned
Florida document number 1.18000280231	_·	
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 designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR.	ESS)	- · ·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr Name of New Registered Agent:		ecords, <u>enter the name of th</u>
New Registered Office Address:	Enter Florida street address	
	City	, Florida Zip Code

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>	<u>Address</u>	Type of Action
MGR	Mary II West	4513 W McElroy Ave Apt 3	
		Tampa, FL 33611	Add
			■ Remove
			Change
MGR	Alexandra Kiceniuk	3690 W Gandy Blvd Ste 406	
		Tampa, FL 33611	Add
		Tampa, 115, 33011	□ Remove
			☐ Change
			□ Add
			Remove
			☐ Change
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fective date, if of	ther than the date of fili sted, the date must be specific a	ing:	**************************************	(optional)	5 0707
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ocument's effective	date on the Department of	f State's records.			
record specific	es a delayed effective	date, but not an e	effective time, at 12	:01 a.m. on the earli	ier of
The S uth day a	ifter the record is filed	a .			
May 6	/)	2019			
ited May 0		_ ,			
	-11				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00