Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000106601 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

ęυ

Account Name : COUCELO ASSOCIATES, INC.

Account Number : I20120000069 Phone : (561)683-3000 Fax Number : (561)965-0938

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WESTGATE PROPERTY, LLC

Certificate of Status	0
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## **COVER LETTER**

Division of Cor			
SURJECT: WESTG	ATE PROPERTY, LLC.		
30 <b>3</b> 3001.		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	ARNALDO J COUC		
		Name of Person	
	COUCELO ASSOCIA		
		Firm/Company	
	1818 S AUSTRALIAN	AVENUE, SUITE 230	
		Address	<del></del>
	WEST PALM BEAC	H. FL 33409	
		City/State and Zip Code	<del></del>
	LEGACYTAXCORPS		
	E-mail address: (	to be used for future annual report noti-	fication)
For further information c	oncerning this matter, please co	all:	
ARNALDO J COUC	ELO	at ( 561 ) 683-3000	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	he 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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limi	ted Liability Compa (A Florida Limited)	ny as it now appea. Liability Company)	rs on our records.)		
The Articles of Organization for this Limited L. Clorida document numberL190002095		were filed on	08/16/2019	and assi	gned
his amendment is submitted to amend the following	lowing:				
a. If amending name, enter the new name o	of the limited liab	ility company he	e <u>re</u> :		
N/A					
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the d	lesignation "LLC" or the abb	reviation "L.	J.C."
Enter new principal offices address, if appli	cable:	N/A			
Principal office address MUST BE A STREE	ET ADDRESS)	N/A			
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE	BOX)	N/A N/A			
3. If amending the registered agent and/or gent and/or the new registered office addre	•	address on our r	នុះ eccords, <u>enter the name</u>	of the nev	registe
Name of New Registered Agent:	JOSE A GO	ONZALEZ	· · · · · · · · · · · · · · · · · · ·		<del>.</del>
New Registered Office Address:	N/A				
		Enter Flo	rida street address	7.7	
			, Florida <u>'</u>	ప	
		City		Zip Code	

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

WESTGATE PROPERTY LLC.

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

4210001066013

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

Title	Name	Address	Type of Action
MGR	JOSE A GONZALEZ	6215 GEORGIA AVENUE, SUITE I	🖸 Add
		WEST PALM BEACH, FL 33405	□Remove
			□Add
			🖸 Remove
			□ Change
<del></del>			
			Remove
			□ Change
			🗆 Add
			□Remove
			🗆 Change
			□Add
			□Remove
			□Change
<del></del>			🖸 Add
			□Change

ı	N/A
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`an effec <del>Vote:</del> If	e date, if other than the date of filing:  ive 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 605.020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
ocumer	t's effective date on the Department of State's records.
record d is filed	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
Dated _	March 17 2021
_	
	Ther nomaker
	Signature of a member or authorized representative of a member
	M 5V 00N3 U 53
	ALEX GONZALEZ

Filing Fee: \$25.00