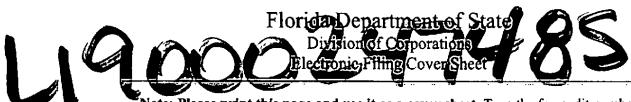
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TO:18506176383 FROM:5615375904

11/3/2020

Division of Corporations



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.

(((H20000382170 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LARSON ACCOUNTING AND CONSULTING SERVICES LLC

Account Number : I20160000067 : (407)370-3686 Phone Fax Number : (407)370-3120

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

Email Address: PROLOLARSON ACT. 00

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THE HUB AT WESTSIDE DEVELOPMENT LLC

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$30.00

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## **COVER LETTER**

TO:	Registration Sec Division of Corp			
		T WESTSIDE DEVELOPME	ENT LLC	
SUBJE	CT:	Name of Limi	ted Liability Company	<del></del>
The end	closed Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please	return all correspon	dence concerning this matter t	to the following:	
		CAROLINE G LARSON		
			Name of Person	<u> </u>
		LARSON ACCOUNTING		
			Firm/Company	
7901 KINGSPOINTE PKWY STE 17				
			Address	
		ORLANDO, FL 32819		
			City/State and Zip Code	<del></del>
		CAROL@LARSONACC.C	COM	
		E-mail address: (	to be used for future annual report noti	fication)
For fur	ther information co	nncerning this matter, please co	all:	
CAROLINE G LARSON		407 370-3686 at ( )		
	Name of	Person	Area Code Daytim	e Telephone Number
Enclos	ed is a check for th	e following amount:		
□ <b>\$</b> 2	5.00 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

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03:08 PM TO:18506176383 FROM:5615375904

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE HUB AT WESTSIDE DEVEL		<u></u>
(Name of the Limite	d Liability Company as it now appears on our record (A Florida Limited Liability Company)	s.)
The Articles of Organization for this Limited Li Florida document number L19000247485	ability Company were filed on 10/01/2019	and assigned
This amendment is submitted to amend the follo	owing:	
A. If amending name, enter the new name of	the limited liability company here:	
THE HUB AT WESTSIDE LLC		202 36
The new name must be distinguishable and contain the w	ords "Limited Linbility Company," the designation "LLC	" or the abbreviation "
Enter new principal offices address, if applic	able: N/A	V V
(Principal office address MUST BE A STREE	T ADDRESS)	- <del>70-</del>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE	N/A BOX)	MII: 02
B. If amending the registered agent and/registered agent and/or the new registered of  Name of New Registered Agent:  New Registered Office Address:	N/A  Enter Florida street addre	ss lorida
	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

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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	<u>Name</u> N/A	Address N/A	Type of Action
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			□ Remove
			Change
			Add
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(If an e <u>Not</u> e	etive date, if other than the date of the date is listed, the date must be at the date inserted in this block ment's effective date on the Depart	specific and cannot be predecing the app	licable statutory filing i	(optional) than 90 days after filing.) equirements, this date w	Pursuant to 605.0207 vill not be listed as
	ecord specifies a delayed e e 90th day after the record		not an effective tin	ne, at 12:01 a.m. o	n the earlier of
Date	d NOVEMBER 03	2020	·		
	ZONALING	D WWW.EUCCE	thorized representative of	a member	
	D+1				

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