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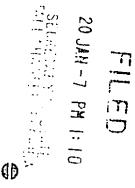
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COVER LETTER

TO:

Registration Section

Division of Corporations				
	WESTERN	BUSINESS SERVICES LLC		
SUBJECT:		Name of Limi	ted Liability Company	_
The enclosed	! Articles of .	Amendment and fec(s) are subt	nitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		HALEY KITCHIN		
			Name of Person	
		ESTERN BUSINESS SERVICES LLC Name of Limited Liability Company dicles of Amendment and fee(s) are submitted for filing. correspondence concerning this matter to the following: HALEY KITCHIN		
		7561 BLACK OLIVE WA	<u> </u>	
			Address	
The enclosed Articles of Amendment and feets) are submitted for filing. Please return all correspondence concerning this matter to the following: HALEY KITCHIN Name of Person				
			1	
				lification)
For further i	nformation c	oncerning this matter, please ca	att:	
HALEY KITCHIN		21.6		
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is:	a check for th	ne following amount:		
室 \$25,00 (Uling Fee		Certified Copy	Certificate of Status & Certified Copy
Re	gistration :	Section	Registration Se	
P.0	O. Box 632	.7	The Centre of	Tallahassee
Ta	Hahassee.	FL 32314	2415 N. Monro	oe Street, Suite 810

check # 102

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v	vere filed on 12/16/2019	and assigned
Florida document number 1.19000305590		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
Western Business Solution Services LLC		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		50. N
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
	1.0 - 1.0 -	
Mailing address MAY BE A POST OFFICE BOX)		9
		40
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	ddress on our records, <u>enter th</u>	e name of the new regis
Name of the registeres rigers.		
New Registered Office Address:	Enter Florida street address	
	, Flori	da
	City	Zip Code

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

Weenenst Bureistree erbanere 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

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>Titte</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
			Add 20 DRemover
			□Change
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			□Remove
			☐ Change
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			□ Change

Effective date, if other than the date of filing: Otto					- -	· <u>-</u> ,			-
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ATTENTO		10-10-00							
	Dated	11/21/10/0							
		•	/ ' '						

Filing Fee: \$25.00