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(A	ddress)	
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(C	ity/State/Zip/Phone	e #)
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04/15/20--01009--004 **25.00



APR 2 8 2020 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: WESTWING CAPITAL 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:	
Ramiee Adhikary Aniu Adhikari	
Westwing Catital 11 C	
9648 Jasmine Brook Circle	
Land D Lakes 12 L 34638 City/State and Zip Code	
ramice, 9dh i Kary O gmail · Com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Ramice Adnikary at (813) 362.3462 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 & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status \$\Bigcup \$60.00 Filing Fee & Certificat	tatus &

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WESTWING CAPITAL 1	LLC	
(Name of the Limited Liability Compa (A Florida Limited)	inv as it now appears on our records.) Liability Company)	707
	70 m	2020 Appl and assigned
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number <u>L2000018938</u>	→ C π n C	5
This amendment is submitted to amend the following:		見し
A. If amending name, enter the new name of the limited liab		0
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	- IV	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
D. If amonding the registered agent and/or registered office		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	aduress on our records, enter the nan	ne of the new registere
Name of New Registered Agent:		
<i>N</i>		
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 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>Title</u>	<u>Name</u>	Address	Type of Action
CEO	Ramiee Adhikary	9648 Tasmine Brook Circle Land O Lakes, FL 34638	<u>∟</u> ∐Add
			(LRemove
			□Change
MGR	Ramiee Adhikary	9648 Jasmine Brook Circle Land O La Kes, FL 34638	2 LAdd
		<u>, </u>	□Remove
	Adhikari		□ Change
VP_	Anju Adhikary	1648 Jasmine Brok Circl tand 0 Lakes, FL 34638	<u>€</u> □Add
	,	<u> </u>	Remove
	Albikari		□Change
MGR	Anju Adnikari	9648 Jasmine Brook Circle Land O Lakes, FL 34638	<u>^</u> [1 ∕Add
			□Remove
N	N. N. S.		□Change
			🗆 Add
į		· · · · · · · · · · · · · · · · · · ·	□Remove
·			Change
_/			🗆 Add
			□Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effective date, if other than the date of filing:
If the record 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 record is filed.
Dated 4 10 20201.
A second
Signature of a member or authorized representative of a member

PAMJEE ADHIKARY ANJU ADHIKARI
Typed or printed name of signee