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COVER LETTER

TO: Registratio Division of	-1		
	ONG JARRELL LLC		20 ts
SUBJECT:	 }		
The enclosed Article	s of Amendment and fee(s) are sub	onlitted for filing.	
Please return all corr	espondence concerning this matter	to the following:	
	MIJEONG JARRELL		
		Name of Person	
		Firm/Company	
	1012 S STERLING AVE	NUE	
		Address	
	TAMPA, FL 33629		
	Mia.Jarrell@colliers.com	City/State and Zip Code	
	E-mail address:	(to be used for future annual report notif	ication)
For further informat	ion concerning this matter, please o	eall:	
ANTOINE MATAI	₹	813 251-3066 at ()	
No	ane of Person	Area Code Daytime	Telephone Number
Enclosed is a check	for the following amount:		
Vi \$25.00 Filing Fo	ce S30.00 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)
Division P.O. Box	ion Section of Corporations	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

MIJEONG JARRELL LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{02/04/2020}{1}$ and assigned Florida document number 1.20000041140 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: WesTv Trust, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LI.C." or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _, Florida

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

D. If ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ve date, if other than the date of filing:
the record cord is fil	I 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 ed.
Dated _	MAY 5 2020
	Signification of a member or authorized representative of a member
	Signification of a member of authorized representative of a member
	Typed or printed name of signee

Filing Fee: \$25.00