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TO:					
cub ir		D VILLAGE V, LLC	. •		
SORTE	C1:	Name of Lim	ited Liability Company	•	
Please r	eturn all correspor	ndence concerning this matter	to the following:		
	Division of Corporations WESTLAND VILLAGE V. LLC Name of Limited Liability Company he enclosed Articles of Amendment and fee(s) are submitted for filing. lease return all correspondence concerning this matter to the following: CARLOS ARTEAGA and/or PAOLA PINO-ARTEAGA Name of Person Firm*Company 16474 LOCH NESS COURT Address MIAMI LAKES. Fl. 33014 City/State and Zip Code PAOLAPINO@HOTMAIL.COM E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: ARLOS ARTEAGA Name of Person Area Code Dayrime Telephone Number inclosed is a check for the following amount: S255.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)				
		WESTLAND VILLAGE V. LLC Name of Limited Liability Company I Articles of Amendment and fee(s) are submitted for filing. at all correspondence concerning this matter to the following: CARLOS ARTEAGA and/or PAOLA PINO-ARTEAGA Name of Person Firm/Company 16474 LOCH NESS COURT Address MIAMI LAKES, FL 33014 City/State and Zip Code PAOLAPINO@HOTMAIL.COM E-mail address: (to be used for future annual report notification) Information concerning this matter, please call: RTEAGA Name of Person at (786 Name of Person at (786 Name of Person Area Code Daytine Telephone Number a check for the following amount: Filling Fee Certificate of Status Certified Copy (additional copy is enclosed)			
			Firm/Company		
		16474 LOCH NESS COUL	RT		
			Address		
		MIAMI LAKES, FL 3301-	4		
			City/State and Zip Code		
		_			ne Telephone Number □ \$60.00 Filing Fee. Certificate of Status & Certified Copy
		E-mail address: (to be used for future annual re	eport notification)	
For furt	her information co	oncerning this matter, please co	all:		
CARLO	OS ARTEAGA				
	Name of	Person		Daytime Telephon	e Number
Enclose	d is a check for th	e following amount:			
量 \$25	5.00 Filing Fcc		Certified Copy	osed)	Certificate of Status & Certified Copy
	Mailing Address	<u>s:</u>	Street Ado	dress:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

WESTLAND VILLAGE V, LLC

20 Fd 2:12

(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 Liabil Florida document number L20000140471		were filed on <u>5/22/201</u>	20 and assigned
This amendment is submitted to amend the following			
This amenament is submitted to afficing the following	ığ:		
A. If amending name, enter the new name of the	e limited liabi	lity company here:	
The new name must be distinguishable and contain the words	"Limited Liabil		
Enter new principal offices address, if applicable:		the limited liability company here: rds "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." ble: PAOLA PINO-ARTEAGA 16474 LOCH NESS CT MIAMI LAKES, FL 33014 BOX) gistered office address on our records, enter the name of the new registered shere: PAOLA PINO-ARTEAGA 16474 LOCH NESS CT Enter Florida street address MIAMI LAKES MIAMI LAKES Florida 33014 City City Tip Code egistered Agent: I agent and agree to act in this capacity. I further agree to comply with the	
(Principal office address MUST BE A STREET A	DDRESS)	16474 LOCH NESS	CT
		MIAMI LAKES, FL	33014
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO.	X)		
	<u>. 77.</u>		
agent and/or the new registered office address h	ere:		ds, <u>enter the name of the new registere</u> c
	6474 LOCH N	FSS CT	
New Registered Office Address:			
<u> </u>	MAMI LAKES	<u> </u>	ena. 33014
<u>-</u>		City	Zip Code
New Registered Agent's Signature, if changing Regi	stered Agent:		
I hereby accept the appointment as registered as provisions of all statutes relative to the proper a accept the obligations of my position as register being filed to merely reflect a change in the regi company has been notified in writing of this cha	ind complete red agent as p istered office inge.	performance of my o provided for in Chap address, I hereby co	huties, and I am familiar with and ter 605, F.S. Or, if this document is

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 2 3 M 29 F4 2: 52	Type of Action
MGR	PAOLA PINO-ARTEAGA	16474 LOCH NESS CT MIAMI LAKES FL 33014	□Add
			□ Remove
			Change
			□Add
			Remove
			□Change
			□Add
		□Remove	□Remove
			□Change
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ffective date, if other than the date of fan effective date is listed, the date must be specificate: If the date inserted in this block does document's effective date on the Department.	filing: (optional) fic and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60 s not meet the applicable statutory filing requirements, this date will not be list of State's records.	05,0207 (sted as t
record specifies a delayed effective date, bud is filed.	ut not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day aft	ter the
AUGUST 13	<u>2020</u> · <u></u>	

Typed or printed name of signee