

5/27/22, 3:18 PM

Division of Corporations

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet**L20000302042**

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.

(((H22000188277 3)))



H220001882773ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ELO ENTERPRISES, INC
Account Number : I20150000109
Phone : (561)544-8862
Fax Number : (954)697-0130

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

Email Address: sales@eloenterprises.us

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
WESTPICK LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

2022 MAY 27 PM 4:50

2022 MAY 27 AM 9:08

APPROVED
AND
FILED

Electronic Filing Menu

Corporate Filing Menu

Help

MAY 26 2022

K. Brumbley

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WESTPICK 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 09/24/2020 and assigned Florida document number L20000302042.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

4700 NW Boca Raton Blvd

#202

Boca Raton, Fl. 33431

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4700 NW Boca Raton Blvd

#202

Boca Raton, FL 33431

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

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

APPROVED
FILED
2022 MAY 27 AM 9:08

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>	<u>Address</u>	<u>Type of Action</u>
MGR	DA COSTA A. NETO ARNALDO	2570 NW 69TH ST	<input type="checkbox"/> Add
		BOCA RATON, FL 33496	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	3SIS & CO, INC.	4700 NW Boca Raton Blvd	<input checked="" type="checkbox"/> Add
		#202	<input type="checkbox"/> Remove
		Boca Raton, FL 33431	<input type="checkbox"/> Change
AMBR	MCTB AND CO, INC.	4700 NW Boca Raton Blvd	<input checked="" type="checkbox"/> Add
		#202	<input type="checkbox"/> Remove
		Boca Raton, FL 33431	<input type="checkbox"/> Change
AMBR	ADAMSK AND CO, INC.	4700 NW Boca Raton Blvd	<input checked="" type="checkbox"/> Add
		#202	<input type="checkbox"/> Remove
		Boca Raton, FL 33431	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 25th Day of May 2022

[Signature]

Signature of a member or authorized representative of a member

ARNALDO DA COSTA A. NETO - MEMBER

Typed or printed name of signee