## L2000361326

| (Re                     | equestor's Name)   |           |
|-------------------------|--------------------|-----------|
| (Ac                     | idress)            |           |
| (Ac                     | ddress)            |           |
| (Ci                     | ty/State/Zip/Phone | e #)      |
| PICK-UP                 | ☐ WAIT             | MAIL      |
| (Bu                     | isiness Entity Nan | ne)       |
| (Do                     | ocument Number)    |           |
| Certified Copies        | _ Centificates     | of Status |
| Special Instructions to | Filing Officer:    |           |
| J. HORNE                |                    |           |
|                         | JAN 18             | 3 2024    |
|                         |                    |           |
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## **COVER LETTER**

|               | gistration Section<br>vision of Corpor |                                           |                                                                     |                                                                                                      |
|---------------|----------------------------------------|-------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| SUBJECT:      | Westb                                  | rook1 LLC                                 |                                                                     |                                                                                                      |
| SOBJECT       | <u> </u>                               |                                           | ed Liability Company                                                | <del></del>                                                                                          |
|               |                                        |                                           |                                                                     |                                                                                                      |
| The enclose   | d Articles of An                       | nendment and fee(s) are subm              | itted for filing.                                                   |                                                                                                      |
| Please return | n all corresponde                      | ence concerning this matter to            | the following:                                                      |                                                                                                      |
|               |                                        | Robert We                                 | SHO OOK  Name of Person                                             | <u> </u>                                                                                             |
|               |                                        |                                           |                                                                     |                                                                                                      |
|               |                                        | Westbroom                                 | KI LLC<br>Firm/Company                                              |                                                                                                      |
|               |                                        | <b>0</b> )                                | , ,                                                                 |                                                                                                      |
|               |                                        | <u> </u>                                  | antana Avenue                                                       | <del></del>                                                                                          |
|               |                                        | Jackso                                    | ONVILE FL 32209 City/State and Zip Code                             |                                                                                                      |
|               |                                        | 11(001)                                   | City/State and Zip Code                                             |                                                                                                      |
|               |                                        | E-mail address: (to                       | be used for fulling annual report notifica                          | tion)                                                                                                |
| For further   | information con                        | cerning this matter, please cal           |                                                                     |                                                                                                      |
| Rob           | Name of Po                             | <del></del>                               | at (A04) 201-16<br>Area Code Daytime To                             | Clephone Number                                                                                      |
| Enclosed is   | a check for the                        | following amount:                         |                                                                     |                                                                                                      |
|               | Filing Fee                             | S30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | \$ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |

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

| Westbrook 1, LLC                                                                                                   | · · · · · · · · · · · · · · · · · · ·                   | our records.)             |                                                    |
|--------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|---------------------------|----------------------------------------------------|
| Westbrook 1, LLC<br>(Name of the Limited Liability<br>(A Florida L                                                 | Company as it now appears on cimited Liability Company) | our records.)             | <del>,                                      </del> |
| The Articles of Organization for this Limited Liability Cor<br>Florida document number <u>LaDOOO3&amp;13a&amp;</u> | mpany were filed on Nove                                |                           | and assigned                                       |
| This amendment is submitted to amend the following:                                                                |                                                         |                           |                                                    |
| A. If amending name, enter the new name of the limite                                                              | ed liability company here:                              |                           |                                                    |
| he new name must be distinguishable and contain the words "Limite                                                  | d Liability Company," the designation                   | ation "LLC" or the abb    | reviation "L.L.C."                                 |
| Enter new principal offices address, if applicable:                                                                |                                                         |                           |                                                    |
| <u>Principal office address MUST BE A STREET ADDRE</u>                                                             | <u> </u>                                                | <del></del>               |                                                    |
|                                                                                                                    |                                                         |                           |                                                    |
| Enter new mailing address, if applicable:                                                                          |                                                         |                           | <u></u>                                            |
| Mailing address MAY BE A POST OFFICE BOX)                                                                          |                                                         |                           |                                                    |
|                                                                                                                    | <del></del>                                             |                           |                                                    |
| 3. If amending the registered agent and/or registered or agent and/or the new registered office address here:      | office address on our record                            | ds, <u>enter the name</u> | of the new register                                |
| Name of New Registered Agent:                                                                                      |                                                         |                           |                                                    |
| New Registered Office Address:                                                                                     | Enter Florida st                                        | reet address              |                                                    |
|                                                                                                                    |                                                         | Florida                   |                                                    |
|                                                                                                                    | Ciţy                                                    |                           | 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 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 |
|--------------|--------------------|------------------------|----------------|
| AP_          | Penny H Westbrooks | aun Lantana Avenue     | □ Add          |
|              | ,                  | Jacksonville, FL 32209 | Remove         |
|              |                    |                        | □Change        |
|              |                    |                        | □Add           |
|              |                    |                        | □Remove        |
|              |                    |                        | □Change        |
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| lf an el<br><u>Note:</u> | ive date, if other than the date of filing:                                                                                        |
| ne reco<br>ord is f      | rd 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 led. |
| Datec                    |                                                                                                                                    |
|                          | Signature of a member or authorized representative of a member                                                                     |
|                          | Signature of a member or authorized representative of a member                                                                     |
|                          |                                                                                                                                    |