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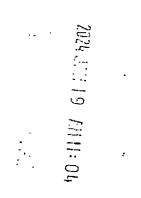
(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	Westside S	tation LLC		
SUBJECT.	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Sharon Williams			
	_ _	Name of Person		
	Westside Station LLC			
		Firm/Company		
	12200 W. Colonial Dr - St	e 303		
		Address		
	Winter Garden, Florida 34787			
	City/State and Zip Code			
	sharon@exchangeplace.net			
	E-mail address: (to be used for future annual repor	rt notification)	
For further information of	oncerning this matter, please c	all;		
Annette Gayle		407 347-42-		
Name o	f Person	Area Code D	aytime Telephone Number	
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	Certificate of Status & Certified Copy (additional copy is enclosed	
Mailing Address Registration		Street Addre Registration		
Division of Corporations		Division of Corporations		
P.O. Box 632 Tallahassee.			of Tallahassee onroe Street. Suite 810	

Tallahassee, Fl. 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Westside Station LLC	2024 JUL 19 FILH: 04	
(Name of the Limited Liability Company as it now appears on our record (A Florida Limited Liability Company)		
The Articles of Organization for this Limited Liability Company were filed on 1/5/2021 Florida document number 1/200900254 L21000002549	and assigned	
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)		
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, <u>enter agent and/or the new registered office address here</u> :	the name of the new register	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	orida	
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 fu	rther garee to comply with t	
provisions of all statutes relative to the proper and complete performance of my duties, as accept the obligations of my position as registered agent as provided for in Chapter 605, being filed to merely reflect a change in the registered office address. I hereby confirm the company has been notified in writing of this change.	nd I am familiar with and F.S. Or, if this document is	

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
SEC	Jacob Williams	12200 W. Colonial Dr	≣Add
		Ste 303	🗆 Remove
		Winter Garden, FL 34787	
			🗀 Add
			Remove
			☐ Change
			□ Add
			Remove
		<u></u>	☐Change
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Effecti If an eff	we date, if other than the date of filing: (optional) retive 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 (
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as tent's effective date on the Department of State's records.
e recore rd is til	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	September 29 2023
	Signature of a member of authorized representative of a member
	riginature organicanoer of aumorized representative of a memocr
	Sharon Williams

Filing Fee: \$25.00