

L21000002968

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

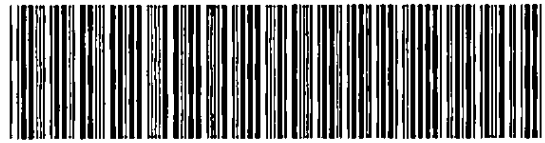
(Document Number)

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21 APR -5 PM 12:07  
DIVISION OF CORPORATIONS  
STATE OF CALIFORNIA

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: Westernslap LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Calleeta Clarke  
Name of Person

Westernslap LLC  
Firm/Company

7940 front beach rd # 1015  
Address

panama city beach 32401  
City/State and Zip Code

Westernslap@tanlady.info  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Calleeta Clarke at ( 850 ) 319-1428/850 481 8634  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 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)

**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

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
21 APR -5 PM 12:07

Westernslap 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 12/23/2020 and assigned Florida document number L21000002968.

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)

7940 front beach Rd # 1015  
panama city FL 32407

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1401 Gulf Ave unit 16  
panama city FL 32401

**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:

Callista Clarke

New Registered Office Address:

7940 front beach Rd # 1015

Enter Florida street address

panama city beach, Florida 32407  
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.

Clarke

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:

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

MGR = Manager  
AMBR = Authorized Member

21 APR -5 PM 12: 07

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Ambr	<u>Calley Clarke</u>	<u>1401 Gulf Ave Panama</u>	<input checked="" type="checkbox"/> Add
		<u>city fl 32401 unit 16</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
Ambr	<u>Anil Wallace</u>	<u>1401 Gulf ave unit 16</u>	<input checked="" type="checkbox"/> Add
		<u>Panama city fl 32401</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
Ambr	<u>Yanique Scarlett</u>	<u>924 Florida Ave Apt 34</u>	<input checked="" type="checkbox"/> Add
		<u>Panama city fl 32401</u>	<input type="checkbox"/> Remove
		_____	<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
_____	_____	_____	<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.)

21 APR -5 PM 12: 07

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Phone number 850 481-8634

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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 March 29 . 2021 .

*Clarke*  
Signature of a member or authorized representative of a member

Callista Clarke  
Typed or printed name of signee