LZ1000079745

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COVER LETTER

Division of Corporations	
SUBJECT: Westminster USA 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:	
Courney D. Hutchiser Name of Person	
Hutchison Law, P.A.	
400 5th Ave. South, Suit	
Naples, FL 34102 City/State and Zip Code Chutch a gohulch au	
E-mail address: (to be used for future annual report notific	ation)
For further information concerning this matter, please call:	
Courtey D. Hutchison at (239) 330 - Name of Person Area Code Daytime?	1904 Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\text{Certificate of Status}\$ \square \text{S55.00 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 Registration Section Registration Section	ion

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

Registration Section

TO:

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

Westminster USA.	LLC
(Name of the Limited Liability Com (A Florida Limite	ipany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compar Florida document number <u>L21000797</u> .4	ny were filed on $\frac{2/14/21}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lis	ability company here:
The new name must be distinguishable and contain the words "Limited Lie	ability 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)	<u> </u>
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address on our records, <u>enter the name of the new registere</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
 	, Florida
New Registered Agent's Signature, if changing Registered Agen	nt:
	and the state of t

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

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
MGR	Shore Sabas	3722 Longship RL	□Add
		Tampa, FL 33607	\ \ \ \ \ \ _
			□Change
MGR	Noam Mor	Ha Arbel 41	XAdd
		Oranit, Israel, 448130	D∂ □Remove
			□Change
			□Add
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ctive date, if other than the date of effective date is listed, the date must be spec-	of filing:	of filing or more than 90 days af	tional) ter filing.) Pursuant to 605.0
If the date inserted in this block doe	es not meet the applicable st	atutory filing requirements, t	his date will not be listed
iment's effective date on the Departme	ent of State's records.		
		12.01	/L) The OOL Jan A
ord specifies a delayed effective date, filed.	but not an effective time, at	12:01 a.m. on the earlier of:	(b) The 90th day after

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Signature of a member of authorized representative of a member