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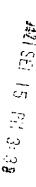
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Special Instructions to Filing Officer:	
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Office Use Only



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O SIMMONS SEP 24 2021

COVER LETTER

TO:

	Registration So Division of Cor				
orin Inc		TITLE WESTON LLC			
SUBJEC	.1:	Name of Lim	ited Liability Company		
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	turn all correspo	ondence concerning this matter	to the following:		
		ALEXNADER G. CUBAS	3		
			Name of Person		
		ALEXANDER G. CUBAS	S, P.A.		
		<u> </u>	Firm/Company		
		3105 NW 107 AVENUE S	SUITE 602-A		
			Address		
	DORAL FL 33172				
			City/State and Zip Code		
		ACUBAS@CUBASLAW.		et Complement	
			to be used for future annual report no	tineation)	
For furth	er information c	oncerning this matter, please c	au:		
ALEXA	NDER G. CUBA	AS	305 595-6337 at ()		
	Name o	f Person	Area Code Daytii	me Telephone Number	
Enclosed	is a check for the	ne 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 Addres Registration 5		Street Address: Registration S	ection	
	Division of C		Division of Co	orporations	
P.O. Box 6327			The Centre of Tallahassee		
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2/13- 15 71 3:38

ATTULAW TITLE WESTON, LL	.c			
		iny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited L Florida document number <u>L21000126708</u>	Liability Company	were filed on 03/17/2021	and assigned	
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liab	oility company here:		
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" or t	he abbreviation "L.L.C."	
Enter new principal offices address, if appli	cable:	3105 NW 107 AVENUE		
(Principal office address MUST BE A STREET ADDRESS		SUITE 602-A		
		DORAL FL 33172		
Enter new mailing address, if applicable:		3105 NW 107 AVENUE		
(Mailing address MAY BE A POST OFFICE BOX)		SUITE 602-A		
maning duaress MALL DE ALL COST OF LICES	<u> </u>	DORAL FL 33172		
B. If amending the registered agent and/or agent and/or the new registered office address Name of New Registered Agent:	ess here:	address on our records, enter the	name of the new registere	
New Registered Office Address:	3105 NW 107.	AVENUE STE 602-A		
		Enter Florida street address		
	DORAL	. Florid:	33172	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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 = Mai AMBR = Aut	nager thorized Member		221 SEP 15	PH 3: 3 8	
<u>Title</u>	<u>Name</u>	Address			Type of Action
					_ 🗆 Add
					_ □Remove
		,			_ □Change
					_ □Add
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	ALEXANDER G. CUBAS		Signature of a member or authorized r	epresentative of a member	
	ALEXANDER G. CUBAS				

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Filing Fee: \$25.00