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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAXLEAF.COM INC Account Number : I20140000084 : (305)541-3980 Phone Fax Number : (786)713-1940

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WESTMARKET HOME LLC

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H22000035464 3

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

0	TMARKET HOME LLC			
(Name of the Limited Liabili (A Florid	ity Company as it now appears of a Limited Limitity Company)	п our records.)		
The Articles of Organization for this Limited Liability C	Company were filed on	05/21/2021	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	ited liability company here	<b>:</b>		
wostmarket home tic				
The new name must be distinguishable and contain the words "Lin Enter new principal offices address, if applicable:	nited Liability Company," the des		2 JA	<b>–</b> ≥
(Principal office address MUST BE A STREET ADD	RESS)		N. 2.7 AM	JILED VND LLANDAEI
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			7:51	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our rec	cords, <u>enter the nam</u>	e of the new regi	<u>stered</u>
Name of New Registered Agent:	ROMAR IN	TERNATIONAL LLC		
New Registered Office Address:		ISCAYNE BLVD		
	Enter Florid	<i>a street adares</i> , Florida	FL 33181	<del></del>
<del></del>	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.

If Changing Registered Agent, Signature of New Registered Agent

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## 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
AMBR	AMILIVIA, ANAHI	2950 NE 188TH STREET, #150	
		AVENTURA, FL 33180	□ Remove
			<u>⊠</u> Change
			□Add
			□ Remove
			Change
			□Remove
		<u></u>	Change
			□Remove
			Change
			DAdd
			□Remove
			Change
			( Add
			□Remove
		_	Change

H22000035464 3

	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del>	
<del></del>	
<del></del>	
lfan effectiv Note: If tl	date, if other than the date of filing:
c record sp rd is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dat <b>e</b> d	DECEMBER 3RD 2021
	- /,
	Signature of a member or authorized representative of a member