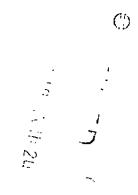
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(Re	questor's Name)	<del>-</del>
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	Office Use On	lv C



08/19/21--01009--024 \*\*25.00



## **COVER LETTER**

TO: Registration Section

Division of Corp						
Westmayer I	LI.C					
SUBJECT:	Name of Limi	ted Liability Company			•	
The enclosed Articles of .	Amendment and fee(s) are subt	mitted for filing.				
Please return all correspo	ndence concerning this matter	to the following:				
	Eduardo Gonzalez					
		Name of Person		•		
	Westmayer LLC					
		Firm/Company				
	11250 Old St. Augustine Ro	d #15-311				
		Address				
	Jacksonville, FL 32257					
	eddgoninc@comcast.net	City/State and Zip Code				
	_	to be used for future annual report notifica	ation) :			<b>.</b>
For further information c	oncerning this matter, please ca	all:			(	?)
Eduardo Gonzalez		904 463-1170			•	
Name o	f Person	at () Davtime T	elephone Number	ā	•	
(Mille 0				:	· ]	
Enclosed is a check for the	ne following amount:			: 20		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate o Certified Co (additional copy	, Fec. f Status & py	<u> </u>	
Mailing Addres		<u>Street Address:</u> Registration Secti	ion			
Registration S Division of C		Division of Corpo				
P.O. Box 632	27	The Centre of Tal				
Tallahassee, l	rl 32314	2415 N. Monroe	Sueci, Suite 810			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Westmayer LLC			
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company lorida document number	were filed on	and as	ssigned
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the a	bbreviation "	IC."
nter new principal offices address, if applicable:	11250 Old St. Augustine Rd #15-311		
Principal office address MUST BE A STREET ADDRESS)	Jacksonville, FL 32257		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)			
3. If amending the registered agent and/or registered office a seent and/or the new registered office address here:	address on our records, enter the nam	ne of the n	ew regisi
Name of New Registered Agent:			-
New Registered Office Address:			-1
	Enter Florida street address	: 21	_
	, Florida		
	Cny	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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records:</u>

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Eduardo Gonzalez	11250 Old St. Augustine Rd #15-311 Jacksonville, FL 32257	
			🗏 Add
			□Remove
			□Change
AMBR	Mark Sawyer	1094 Sea Hawk Dr N Ponte Vedra Beach FL 32082	<b>≣</b> Add
			□Remove
			🗆 Change
			□Add
		· · · · · · · · · · · · · · · · · · ·	□Remove?)
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			_5 □Add /
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			□ Remove
			□Chara

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O7/06/2021 (optional)  Tective date, if other than the date of filing:	11250 Old St Augusine Rd #15-311 Jacksonville, FL 32257		
(2)  (3)  (5)  (6)  (7)(16/2021  (6)  (7)(16/2021  (7)  (7)  (7)  (7)  (7)  (7)  (7)  (7			
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