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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: The Westerberg Grove Name of Limited Hability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Seth Westerberg Name of Person
The Westerberg Group
1549 Ringling Blvd. Suite 600
Sarasota Florida 34236 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Seth Westerberg at (941) 342-7653 Name of Person Daytime Telephone Number
Enclosed is a check for the following amount: 5.00 Filing Fee Solution Solution Status Certificate of Status Solution

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

_ The Westerberg Gro	up	
(Name of the Limited Liability Compar (A Florida Limited L	y <u>sk it now appears on our records.)</u> lability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 600373004016. This amendment is submitted to amend the following:	were filed on <u>9-8-2021</u> 1_21000399037)	and assigned
A. If amending name, enter the new name of the limited liabi	lity gammany haray	
Seth Westerberg The new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the new name must be distinguis	1 1 0	reviation "L.L.C."
Enter new principal offices address, if applicable:	1549 Kingling Bl	vd.
(Principal office address MUST BE A STREET ADDRESS)	Sarasota Florida	34236 Suite 600
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office a	ddwarg on our records onton the name	of the new registered
agent and/or the new registered office address here:	uuress on our records, enter the name	t '
Name of New Registered Agent: New Registered Office Address:	}	·
New Registered Office Address.	Enter Florida street address	- \
	, Florida	
	City	Zip Cotte
New Registered Agent's Signature, if changing Registered Agent:		•
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am for rovided for in Chapter 605, F.S. Or, i	uniliar with and f this document is

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>	<u>Name</u>	Address	Type of Action
		N/A	□Add
	•		Remove
			☐ Change
			□Add
			□Remove
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<u>Note:</u>	ive date, if other than the date of filing: 9-13-2021 (optional) ective 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 (in the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
recor d is fi	d 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 led.
Dated	September 13. 2021.
	Signature of a member or authorized representative of a member
	Seth Westerberg Typed or printed name of signee

Filing Fee: \$25.00