(21000518622

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COVER LETTER

TO:

P.O. Box 6327

Tallahassee, FL 32314

	Registration Se Division of Co			
SUBJEC		stshore Blvd		
SUBJEC	·1:	Name of Lin	nited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Joseph C Hogan		
			Name of Person	
		5002 S Westshore		
			Firm/Company	
		2150 N Maiden Lane		
			Address	
		Vero Beach, FL 32963-31	69	
			City/State and Zip Code	
		joehogan2@aol.com		
For furthe	er information c	e-mail address: (oncerning this matter, please c	to be used for future annual report noti all:	ncation)
Joseph C	Hogan		772 321-7352	
	Name o	f Person		e Telephone Number
Enclosed	is a check for th	ne following amount:		
₩ \$25.0	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Malling Addres Registration S		<u>Street Address:</u> Registration Sec	ction
	Division of C		Division of Cor	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida Li	Company as it now appears on our imited Liability Company)	r records.)
The Articles of Organization for this Limited Liability Con Florida document number <u>L21000518622</u>	npany were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
5002 S Westshore LLC		
A. If amending name, enter the new name of the limited 5002 S Westshore LLC The new name must be distinguishable and contain the words "Limited Enter new principal offices address, if applicable: (Principal office address MUST RE A STREET ADDREST)	d Liability Company," the designation	on "LLC" or the abbreviation "L.L.G"
Enter new principal offices address, if applicable:		三 三 三
(Principal office address MUST BE A STREET ADDRE.	(22)	70
		H 9:
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	office address on our records	, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	et address
		, Florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

5002 S Westshore Blvd

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, 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
			\ \ \ \ \
			□ Remove
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			Change
			□ Add
			Remove
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Effortivo dota 15 -	her than the date o	f filing:	to date of filing or more th	(optional) nn 90 days after filing.) Pursu	ant to 605.0207
f an effective date is lis	erred in this block doe	es not meet the applica ent of State's records.	able statutory filing requ	uirements, this date will no	ot be listed as
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document's effective e record specifies a d	clayed effective date, l	2024			day after the
document's effective e record specifies a de	clayed effective date, l	2024	me, at 12:01 a.m. on the		day after the

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