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(Re	questor's Name)	-
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number))
Certified Copies	_ Certificate	s of Status
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Office Use Only



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8EP 1 6 2022 R. HUNT



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: West Coast	Property Partners LLC
The enclosed Articles of Amendment and fee(s) are	submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Conrado Livest (A. Salas Jr. Name of Person I OAST Property Partners, LLC Firm/Company
Sarasot	Address Address A FL 34240 City/State and Zip Code Clay/State and Zip Code
For further information concerning this matter, plea	se call:
Concado A. Salas, Jr. Name of Person	at (941) 702 – 3096 Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$25.00 Filing Fee	S55.00 Filing Fee & S60.00 Filing Fee, S Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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**

(Name of the Limited Liability Company as it (A Florida Limited Liability	Partners LLC now appears on our records.) Company)	
The Articles of Organization for this Limited Liability Company were f Florida document number <u>L 22 000 3.4 (0.7.7</u>	iled on 8/2/22	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability co	mpany here:	
The new name must be distinguishable and contain the words "Limited Liability Com	pany," the designation "LLC" or the abh	oreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		27
	-MIASS	
Enter new mailing address, if applicable:	<u> </u>	_
(Mailing address MAY BE A POST OFFICE BOX)	- FIN	
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	on our records, enter the name	e of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	171 1	
Cit	, Florida v	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

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
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