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COVER LETTER

L.F	of Corporations		
SUBJECT:	The Westerg	ard Group LLC Limited Liability Company	
	Name of	Limited Liability Company	
The enclosed Artic	cles of Amendment and fee(s) are	submitted for filing.	
Please return all co	orrespondence concerning this ma	atter to the following:	
	Daymond	Scott Westergard Name of Person	
		Firm/Company	
	3750 Silver	Bluff Blud # 2306 Address	
	Orange Pa	City/State and Zip Code	
	daymend M E-mail addre	City/State and Zip Code Vestergard @ amail. Co	ification)
For further information	ation concerning this matter, plea	se call:	
Daymord Sc	of Westergard Name of Person	at (<u>904</u>) <u>629 -</u> Area Code Daytin	1259 ne Telephone Number
Enclosed is a chec	k for the following amount:		
□ \$25.00 Filing	Fee \$30.00 Filing Fee & Certificate of Statu		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing /</u> Registra	Address: ation Section	<u>Street Address:</u> Registration Se	ection
	n of Corporations	Division of Co	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

•	$f^{*}f$
2023 MAR -2 SECRETO	9
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Zip Code

The Westergard Group LLC SECRETAIN 26
The Westergard Group LLC SECRETARY (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on September 23, 2022 and assigned
Florida document number <u>L 22 000 41 58 41</u> .
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
Daymond Westergard LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
Til

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.

City

If Changing Registered Agent, Signature of New Registered Agent

an

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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			🗆 Change
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(If an eff Note:	ive date, if other than the date of filing:
ne recor	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 ed.
Dated	March 2 . 2023
	And & Willer
	Signature of a member or authorized representative of a member