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## **COVER LETTER**

TO: Registration Section Division of Corporations	3				
SUBJECT:	East 2 Wes			LLC	
Dear Sir or Madam:					
	) '	10 ()		(71)	
The enclosed Registered Agent/I	Registered Office Chang	ge and ree(s)	are submitted to	or ming.	
Please return all correspondence	concerning this matter	to the follow	ving:		
Mario Ca Name o					
Eastawes	st Solutions	UC			
Firm/Co	•				
1524 Robin	way ss				76.
Fullerton, CA	92836			•	
City/State a	92835 nd Zip Code	<del></del>			<u>~:</u>
Cast Dwest solutions E-mail address: (to be used	109 mail com		n)		73
For further information concerni	ng uns matter, please ca	ш;			
Mario Caldero Name of Person	at (		944 – a Code & Daytin	8794 me Telephone N	—— umber
Mailing Address: Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314		Re Di Th 24	reet Address: egistration Sectivision of Corpose Centre of Tal 15 N. Monroe Stal llahassee, FL 3	orations Hahassee Street, Suite 81	0 ,
Enclosed is a check for	the following amount:				
\$25 Filing Fee		□ \$55 Fili	ing Fee & Certif	ied Copy	

INHS18 (2/14)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u> </u>	West:	<u>solotions</u>	LLC	
( <u>Name of the Limited</u> (A	Liability Company Florida Limited Lic	y as it now appears on ability Company)	our records.)	
The Articles of Organization for this Limited Liab		vere filed on	/17/20	2 2 and assigned
This amendment is submitted to amend the follow	ring:			
A. If amending name, enter the new name of the	he limited liabili	ity company here:		
The new name must be distinguishable and contain the wor	ds "Limited Liabilit	y Company," the design	nation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET		** -	larina Poi 2 FL 33635	nte Village Ct
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>0X)</u>	1504 Ro Fullerton	by way	<u>ે</u> ૨૪૩૬
B. If amending the registered agent and/or reg agent and/or the new registered office address		dress on our recor	ds, enter the nar	ne of the new registered
Name of New Registered Agent:	<u></u>	ario Cal	dera	<u>.</u>
New Registered Office Address:	6624 (	Marina Poin Enter Floridas	ite Village	Ct. #102
	Tam	pa City	, Florida _	33635 Zip Code
New Degistered Agent's Signature, if changing De	rictored Agent:			

The Registered Agent's Signature, it 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

MGR = Ma AMBR = Au	nager thorized Member		
<u>Title</u>	Name	Address	Type of Action
esident	Mary Shamma	13922 Farmington Blud Tampa, FL 33625	□Add Remove
iesident	Mario Caldera	6624 Marina Pointe U'llage # 102 Tampa, FL 33635	
			☐ Change ☐ Add ☐ Remove
			□Change
			Change
			□ Add
			□Change
			🗖 Add
			🗆 Remove

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	-:
ffective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of filin  ote: It the date inserted in this block does not meet the applicable statutor  ocument's effective date on the Department of State's records.	(optional)  ng or more than 90 days after filing.) Pursuant to 605.020  y filing requirements, this date will not be listed as
record specifies a delayed effective date, but not an effective time, at 12:01 is filed.	a.m. on the earlier of: (b) The 90th day after the
Signature of a member or authorized represen	