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COVER LETTER

Tallahassee, FL 32314

TO: Registration S Division of Co			
	da Ventures, LLC		
SUBJECT:	Name of Lin	ited I iability Company	
The enclosed Articles of	*Amendment and fee(s) are sub	omitted for filing	
	ondence concerning this matter	_	
	Monica Trujillo		
		Name of Person	···
	West Florida Ventures, 1.1.	F	
		Firm/Company	
	8460 SW 184 Terrace		
		Address	_ ,
	Cutler Bay, FL 33157		
	westfloridaventures@gmail	City/State and Zip Code	2023 FEB -7 SECRATATION TALLATION
	E-mail address; (to be used for future annual report notification	
For further information c	concerning this matter, please c	all:	(5)/
Monica Trujillo		786 519-9247	OF STATE STATE
Name (of Person	Area Code Daytime Telep	phone Number 75
Enclosed is a check for t	he following amount:		
■ \$25.00 Filling Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration Division of C	Section Torporations	Street Address: Registration Section Division of Corporat	
P.O. Box 631	<i>41</i>	The Centre of Tallah	assee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

West Florida Ventures, LLC		
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)	
he Articles of Organization for this Limited Liability Company v	were filed on January 17, 2023	and assigned
lorida document number 1.23000030131		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liabil	ity company here:	
te new name must be distinguishable and contain the words "Limited Liabili	y Company," the designation "LLC" or t	he abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		2023 SE
nter new mailing address, if applicable:		
Tailing address MAY BE A POST OFFICE BOX)		Lui Tr
rams many men periode many		T
. If amending the registered agent and/or registered office ac gent and/or the new registered office address here:	ldress on our records, <u>enter the t</u>	name of the new registers
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florid:	1
·	City	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
Fitle MGR	Jorge V. Ramos	7702 SW 179th Terrace	■Add
		Palmetto Bay, FL 33157	□Remove
			□Change
			□Add
			□Remove
			[]Change
			□Add
			SEOR FEB
			SSEE GRANGE SSEE G
			□Change
			🗀 Add
			Remove
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ective date, if other than the da effective date is listed, the date must be e: If the date inserted in this block	specific and cannot be p	prior to date of filing or	more than 90 days after f	iling.) Pursuant (data will nor b	o 605.02 a Harad
ument's effective date on the Depa			ng requirements, uns	date will not be	. HSted
cord specifies a delayed effective da a filed.	ite, but not an effectiv	re time, at 12:01 a.m	, on the earlier of: (b)	The 90th day	after th
				S.	20
January 30th ed	2023	<u></u>		ACR	2023 FEB - 7 ₁ PM
		aug Inflo.			-83

Filing Fee: \$25.00