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(Re	equestor's Name)	
(Ac	idress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	



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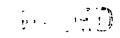
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COVER LETTER

TO:		istration Se ision of Cor				1.	
		C.M.WEST		٠,			
SUBJEC	CI;			ited Liability Company			
The encl	losed	Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	eturn	all correspo	ndence concerning this matter	to the following:			
			JANNA FIEGEN				
				Name of Person		_	
			C.M.WESTERN LLC				
				Firm/Company		_	
			7040 SEMINOLE PRATI	WHITNEY ROAD UNIT 25 MAI	LBOX 162		
				Address		_	
			LOXAHATCHEE, FL 33	470			
				City/State and Zip Code		_	
			JAFIEGEN@NETSCAPE.I				
For furth	her in	formation co	r:-man address: (oncerning this matter, please c	to be used for future annual report notif all:	iication)		
JANNA	FIE	GEN		561 602-8025			
		Name of	f Person		e Telephone Numb	er	
Enclosed	d is a	check for th	e following amount:				
□ \$ 25.	.00 F	iling Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	Filing Fee, cate of Status ed Copy all copy is enclo	
		ling Addres	_	Street Address: Registration Sec	ction		
	_	-	orporations	Division of Cor			
). Box 632		The Centre of T		010	
	l al	lahassee, I	L 32314	2415 N. Monro	e Street, Suite	810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



C.M.WESTERN LLC		2023 AUG	14 AM 7: 13
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our r		
(**************************************	onipally	1.34	:: FL
The Articles of Organization for this Limited Liability Compa	any were filed on 01/26/2023		and assigned
Florida document number 1.23000048778			
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited l	liability company here:		
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation	"LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS	")		
	·		
Enter new mailing address, if applicable:		<u> </u>	
Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered offi	ice address on our records, <u>e</u>	nter the name	of the new regis
agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Hadress.	Enter Florida street d	address	·
		. Florida	
	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>	<u>Address</u>	Type of Action
MGR	JANNA FIEGEN	16064 HAMLIN BLVD LOXAHATCHEE, FL 33470) _ ■ Add
			_ □Remove
			_ □Change
			_ □Add
			_ □Remove
			Change
			_ □Add
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	ve date, if other than th	e date of filing:	prior to date of filing or more	(optional)	ı Pursuant to 605 0207 (3
Effectiv	ective date is listed, the date mi				
(If an effe Note:	ective date is listed, the date made in this beent's effective date on the l	block does not meet the ap		equirements, this date	will not be listed as th
(If an effe Note: docume	ective date is listed, the date made in this beent's effective date on the last specifies a delayed effecti	block does not meet the ap Department of State's reco	ords.		
(If an effe Note: docume	ective date is listed, the date made in this beent's effective date on the last specifies a delayed effecti	block does not meet the ap Department of State's reco	ords.		
(If an effer Note: docume docume he record ord is file	ective date is listed, the date multiple for the date inserted in this beent's effective date on the last specifies a delayed effective date. AUGUST 8,	block does not meet the ap Department of State's reconverge date, but not an effective date date date date date date date dat	ve time, at 12:01 a.m. on	the earlier of: (b) Th	
(If an effe	ective date is listed, the date multiple for the date inserted in this beent's effective date on the last specifies a delayed effective date. AUGUST 8,	block does not meet the ap Department of State's reco ive date, but not an effective	ve time, at 12:01 a.m. on	the earlier of: (b) Th	

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