

L23000104654

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

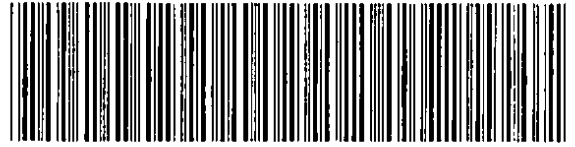
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AUG 18 2023

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07/24/23--01023--017 **25.00

FILED
23 JUL 24 AM 11:55
CLERK OF SUPERIOR COURT
JACKSONVILLE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WESTFORD 96, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SPENCER D FORD

Name of Person

WESTFORD 96, LLC

Firm/Company

1523 N FRANKLIN ST

Address

TAMPA, FL 33602

City/State and Zip Code

SFORD@JCDAVISCO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SPENCER FORD

813 375-1189
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$25.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

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

Street Address:

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**

WESTFORD 96, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
23 JUL 24 AM 11:56
CLERK OF THE CIRCUIT COURT
IN AND FOR THE STATE
OF FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 02/27/2023 and assigned
Florida document number L23000104654.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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

_____, 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>	<u>Type of Action</u>
MGR	SEWEST INC.		<input type="checkbox"/> Add
		1523 N FRANKLIN ST, TAMPA FL 33602	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	STEPHANIE E WEST	1523 N FRANKLIN ST, TAMPA FL 33602	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	J.C. DAVIS OF FLORIDA & CO.,		<input type="checkbox"/> Add
		1523 N FRANKLIN ST, TAMPA FL 33602	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SPENCER D FORD	1523 N FRANKLIN ST, TAMPA FL 33602	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Dated 17/11/23, _____

Filing Fee: \$25.00