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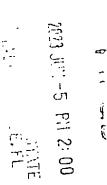
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## **COVER LETTER**

P.O. Box 6327

Tallahassee, FL 32314

			COVER LETTI	SIX		
то:	Registration So Division of Cor					
SUBJ	rct.		WEST RAIN LLC			
3000	ECT.	Name of Lim	ited Liability Company			
The er	nclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please	return all correspo	ondence concerning this matter	to the following:			
			LEVI WEST			
			Name of Person			
		WEST RAIN LLC				
			Firm/Company			
			4450 147TH CT			
		<u> </u>	Address			
			WILLISTON, FL 32696	6		
			City/State and Zip Code			7
		Westai E-mail address: (	nllc@gmal. a	CO ^ d report notificati	on)	
For fu	rther information c	oncerning this matter, please c	all:			
LEVI	WEST		<del>-352</del> 802 	458 - 2 Daytime Tel	2767	, 
	Name o	of Person	Area Code	Daytime Tel	ephone Number	
Enclos	sed is a check for the	he following amount:				
■ \$25.00 Filing Fee			(additional copy is enclosed) Certified			of Status &
	Mailing Address Registration 9	Section	Regist	Address: ration Section		
	<ul> <li>Division of C</li> </ul>	forporations	Divisio	on of Corpora	ations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

W	EST RAIN LLC				
( <u>Name of the Limited Liabili</u> (A Florida	ty Company as it now app Limited Liability Company	ears on our records.) v)		_	
The Articles of Organization for this Limited Liability C Florida document number	ompany were filed on	03/20/23	and	assigne	ed
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 "LLC"  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:					
A. If amending name, enter the new name of the limit	ited liability company	here:			
The new name must be distinguishable and contain the words "Lim	ited Liability Company." th	e designation "LI C" or the	abbreviation	rilalaC.	<del></del>
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDR	RESS)			777	
			-	(	<u> </u>
				. : I	,
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
				2: C	
			រុប	0	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our	r records, <u>enter the na</u>	me of the	new re	<u>gister</u>
Name of New Registered Agent:			<del></del>		
New Registered Office Address:					
	Enter F	lorida street address			
		, Florida _			
	City		Zip Co	rde	

## 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 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
AMBR	EMMA ROGERS	4450 NE 147TH CT	□Add
		WILLISTON, FL 32696	■Remove
		<del></del>	□ Add
			□Remove
			□Change
			□ Add □ Remove
			22 Change
·		<del></del>	□Add
			□Remove
		-	Change
			□Add
			□Remove
			□Change
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			□ Chan

	Signature of a member or author	ized representative of a member		<del>49</del> TO EE
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MAY 24	2023			£646
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fective date, if other than t		dan or eller	(optional)	
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