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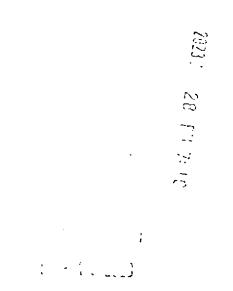
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COVER LETTER

Registration Section Division of Corporations

TO:

SURIFCT:	924 West	Investment LL ited Liability Company	\mathbb{C}
	Name of Lim	ited Liability Company	
The enclosed Articles	s of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	espondence concerning this matter	to the following:	
		Ç	
	n	Name of Person	>
		Name of Person	
		924 Wist Fr	nucstment.
		Firm/Company	
	9	24 W. Colon.cl	Dr
	011-	City/State and Zip Code	4
		City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	fication)
For further information	on concerning this matter, please ca	all;	
Math.	en Thomas	at (407) 733 (-319
Nar	ne of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for	or the following amount:		
\$25.00 Filing Fee	e □ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
P.O. Box 6	on Section f Corporations	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroo Tallahassee, FL	porations allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

gay West Investment C	
(Name of the Limited Liability Company as it now as (A Florida Limited Liability Compa	opears on our records.) ny)
The Articles of Organization for this Limited Liability Company were filed on Florida document number レ る 3 0 00 こ 1 9 0 8 3	$\frac{5/3}{23}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compan	<u>w here</u> :
	22
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)	22
Enter new mailing address, if applicable:	i i i i i i i i i i i i i i i i i i i
Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registered office address on o agent and/or the new registered office address here:	ur records, <u>enter the name of the new registe</u>
Name of New Registered Agent:	
New Registered Office Address:	
	r 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>	Address	Type of Action
Pres:out	Name Mother Thoms	924 to Colonica Dr orlado FL 32804	_ [/Add
		orlado fr 32804	/ □Remove
			□Change
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ote: If th	date, if other than the date of filing: e date is listed, the date must be specific and cannot be prior to date of filing or more than 90 the date inserted in this block does not meet the applicable statutory filing requirers effective date on the Department of State's records.	(optional) Odays after filing.) Pursuant to 605.02 ments, this date will not be listed
ecord spe is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear	lier of: (b) The 90th day after th
ted	9/22/23	
	h de	
-	Signature of a member or authorized representative of a memb	her
	Mitthe Thurs	