L23000226837

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COVER LETTER

TO:

TO: Registration Sec Division of Corp			
SUBJECT: <u>W</u> e	stern Allie Name of Limi	ance Partner ited Liability Company	rs LLC
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	stephen	Ford Name of Person	
	Western)	Alliance Partner	ers LLC
	7508 Pari	fie Heights C	ic.
	Orlando	FL 32835 City/State and Zip Code	
	E-mail address:	rds mail Q vah	oo, Com fication)
For further information ec	oncerning this matter, please ca	all:	
Stephen Name of	Ford	at (<u>B63</u>) <u>888</u> Area Code Daytim	2778 te Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	\$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)
<u>Mailing Address</u> Registration S	ection	Street Address: Registration Se	
Division of Co P.O. Box 632	•	Division of Cor The Centre of T	•
Tallahassee, F		·	e Street, Suite 810

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Western A	lliance	Partners	LLC	
	e Limited Liability C	ompany as it now appears of ited Liability Company)		

The Articles of Organization for this Limited Liability Company were filed on May 08 2023 and assigned Florida document number -23000226837.

This amendment is submitted to amend the following:

Α.	- If amending	g name, enter	the new name of	t the limited i	nabilit <u>y compan</u>	<u>v nere</u> :
		· —				

HOT NOT	<u> APPLICABL</u>	<u>. E </u>		
The new name must be distinguishable and contain the wor	rds "Limited Liability (Company," the design	ution "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:		OT	
(Principal office address MUST BE A STREET	ADDRESS)	<u> </u>	PLICABL	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B B. If amending the registered agent and/or regent and/or the new registered office address	- gistered office add	Suite Orlando		804
Name of New Registered Agent:	Cal Ga	nidne (
New Registered Office Address:	1317 edg	4e worter Emer Florida si	drive	
	Orlando)	Florida	32804 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
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			□Remove
			☐ Change
			□ Add
			□Remove
		- \	□ Change
			□Add
			Remove
	K3)	·	□Change
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record specifies a del	layed effective date.	but not an effecti	ve time, at 12:01 a	.m. on the earlier (of: (b) The	90th day after th
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			authorized represen			