



Office Use Only



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07/10/24--01035--018 \*\*25.00

2024 (\*\*\*) 10 FN 3:

## **COVER LETTER**

SUBJECT: WEST INDIAN EXPORTER 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:
Earl Morgan Name of Person
MORGANS FINANCIAL SERVICES
6808 STIRLING ROAD
DAVIE, FL 33024  City/State and Zip Code  Mf Staxes Ogmail · Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Earl Morgan  Name of Person  at (954) 581-50H7  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee  Certificate of Status  Certificate of Status & Certificate Copy (additional copy is enclosed)  Certificate of Status & Certified Copy (additional copy is enclosed)

Registration Section Division of Corporations

TO:

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**

The Articles of Organization for this Limited Liability Company Florida document number <u>L23000251502</u> .	were filed on <u>05/</u> 2	$\frac{22}{2023}$ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability MEST INDIAN EXPORTER.  The new name must be distinguishable and contain the words "Limited Liability Indiana".	RS LLC	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	N/P	<del>}</del>
		<u> </u>
		(.5
Enter new mailing address, if applicable:		·
(Mailing address MAY BE A POST OFFICE BOX)	N/B	<u> </u>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records,	0
Name of New Registered Agent:	N/A	
New Registered Office Address:		
	Enter Florida street	address
	, Florida	
	Ciry	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre	e 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
		N/A	□ Add
			□Remove
			□Change
			□ Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Add
			□Change

	N/A	
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<u> 2006:</u> 11	tive 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 605.0 The date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed it's effective date on the Department of State's records.	207 (3 I as th
he record s ord is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t I.	he
Dated	July 3 2024  Emorph  Signature of a member or authorized representative of a member	
	EMorgan	
	Signature of a member or authorized representative of a member	
	Earl Morgan Typed or printed hance of signee	

Filing Fee: \$25.00