Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000270502 3)))



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Ta:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

**Enter the email address for this business entity to be used for "uture annual report mailings. Enter only one email address please. **

Email Address:___

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WESTONGARDENSHE LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WESTONGARDENSHE LLC			
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records. d Liability Company))	_
The Articles of Organization for this Limited Liability Compar			
Florida document number L23000338342		and a	issigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
The new name must be distinguishable and contain the words "Limited Liab	pility Company " the designation "LLC" -	-4	
Enter new principal offices address, if applicable:	y say, are designation fittle of	r the anbreviation "	L.L.C."
(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 agent and/or the new registered office address here:	address on our records, enter the	name of the ne	w registered
		2023 (3)	
Name of New Registered Agent:		CRE CRE	Ľ
New Registered Office Address:		. Δ	<u> </u>
	Enter Fiorida street address	79 3	E CONTRACTOR
	, Florid	18 (2.7) - 1	
Vou Registered Agentle City	•	∠ip c 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.

1 03/04/2023 17:27

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LAZARUS CORPORATE

PAGE 03/04

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

Title	Name	Address	Type of Action
AMBR	INFANTE, HECTOR J	8301 NW 107TH CT	
		UNIT 2	
		DORAL FL 33178	
			□Add
			CJRemove
		🗆 Change	
			CJAdd
			□Remove
		□Change	
			JAdd
			□Change
			DAdd
			DRemove
		□Change	
			□Add
			□Remove
			Change

		_
		_
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		_
ffective date, if other than the date an effective date is listed, the date must be some. If the date inserted in this block to be under the Department's effective date on the Department.	e of filing: specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 6 does not meet the applicable statutory filing requirements, this date will not be litment of State's records.	05.0207 sted as
record specifies a delayed effective date is filed	e, but not an effective time, at 12:01 a m on the earlier of: (b) The 90th day af	ler the
ned MIAMI	08/02/2023	
	Talk.	
Signa	sture of a member or authorized representative of a member	

Filing Fee: \$25.00