L23000506701

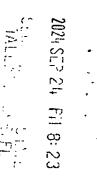
(Requestor's Name)
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(Business Entity Name)
(Document Number)
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COVER LETTER

Whistler B SUBJECT:	ayshore LLC		
	Name of Lin	nited Liability Company	
Managarahan di Ambaha a S	A	united for filling	
	Amendment and fee(s) are sub	_	
Please return all correspo	ondence concerning this matter	to the following:	
	Richard K Dunn		
		Name of Person	AL
			a161 NT
		Firm/Company	ORIGINAL
	11332 Explorer Road		
	<u> </u>	Address	
	La Mesa CA 91941		
	Ca Picsa CA 71741	City/State and Zip Code	
	rkdunnlegal@gmail.com	City/State and 7.11) Code	
	E-mail address: (to be used for future annual report no	tification)
For further information c	oncerning this matter, please c	all:	
Richard K. Dunn		619 9944392	
Name o	f Person	at () Area Code Daytii	ne Telephone Number
Contact discontinuo	e C. H		
Enclosed is a check for the	-	E ccc on Elling Car &	☐ \$60.00 Eiling Eag
□ \$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)
Mailing Addres		Street Address:	
Registration S		Registration So	
Division of C P.O. Box 632		Division of Co The Centre of	-
1.33.1303.032		THE COURT OF	i airailassee

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Whistler Bayshore LLC		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on a Limited Liability Company)	our reco <u>rds.</u>)
The Articles of Organization for this Limited Liability (Company were filed on Novem	ber 8, 2023 and assigned
Florida document number L23000506701	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lir	nited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
	-	
Enter new mailing address, if applicable:		
		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		ds, enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	treet 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 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	Carlos A. Cadena	928 Hornblend Street Suite 2 San Diego, CA 92109	🗆 Add
			≅ Remove
			□Change
AMBR	Whistler Square Capital Co., SA de		= Add
			□Remove
			□Change
			🗆 Add
			□Remove
			Change
			□Add
			🗀 Remove
			Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change

E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and control be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12.91 a point the earlier of: (b) The 90th day after the record is filled. Dated 2.3 August Nignature of a member of affilherized representative of a member		ang any other morniation, enter enauge((s) here: (Attach additional sheets, if necessary.)
E. Effective date, if other than the date of filing: (tran effective 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 605.02 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a,month the earlier of: (b) The 90th day after the record is filed. Dated 23 August.	_		
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	Note: If	the date inserted in this block does not meet the	applicable statutory filing requirements, this date will not be listed as
Signature of a member or authorized representative of a member	Note: If documen	the date inserted in this block does not meet the t's effective date on the Department of State's repective date and defective date, but not an effective date.	e applicable statutory filing requirements, this date will not be listed as ecords. Ective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	Note: If documen If the record s record is filed	the date inserted in this block does not meet the t's effective date on the Department of State's respective date and effective date, but not an effective date.	e applicable statutory filing requirements, this date will not be listed as ecords. Exercise time, at 12:01 a.m. on the earlier of: (b) The 90th day after the