

(((H240001916663)))



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From:

Account Name : ZENBUSINESS INC.

Account Number : I28238800190

: (844)449-3624 Phone

Fax Number : (512)597-0678

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

Email	Address:_		
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WEST LAKE HOMEBUILDERS LLC

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COVER LETTER

H24000191666 3

SUBJECT: Name of Limited Unithity Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Allison Monzon Name of Person	TO: Registration S Division of Co		•		
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Allison Monzon Name of Person ZenBusiness INC FirmCompuny 336 E. College Ave Suite 301 Address Tallathressee, FL 32361 City/State and Zip Code fulfillment@zenbusiness.com F-minil address: (to be used for fature annual report notification) For further information concerning this matter, please call: c/o ZenBusiness INC Name of Person Tallathressee, FL 32361 Enclosed is a check for the following amount: \$\frac{1}{\text{Aren Code}}\$ \$\frac{1}{\text{Aren Code}}\$ \$\frac{1}{Aren		: Homebuilders LLC		•	v
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Allison Monzon Name of Person					
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Solution Section Se		Allison Monzon			
Firm/Company 336 E. College Ave Suite 301 Address Tallahassee, FL 32301 City/State and Zip Code fulfillments@zenbusiness.com E-mail address: (in be used for future annual report notification) For further information concerning this matter, please call: c/o ZenBusiness INC Name of Person Name of Person S25.00 Filing Fee Certified Copy (additional copy is enclosed) MaillingAddress: Registration Section Division of Corporations FiretAddress: Registration Section Division of Corporations			Same of Person		
Address Tallahassee, FL 32301 City/State and Zip Code fulfillment@zenbusiness.com Email address: (to be used for future annual report notification) For further information concerning this matter, please call: c/o ZenBusiness INC Name of Person Section Enclosed is a check for the following amount: Sectificate of Status Certified Copy (additional copy is enclosed) MailingAddress: Registration Section Division of Corporations Address Tallahassee, FL 32301 City/State and Zip Code future annual report notification) P2 2 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		ZenBusiness INC			
City/State and Zip Code fulfillment@zenbusiness.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: c/o ZenBusiness INC 844 493-6249 at (Firm/Company			20
City/State and Zip Code fulfillment@zenbusiness.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: c/o ZenBusiness INC 844 493-6249 at (336 E. College Ave Suite 301			199 124 H
City/State and Zip Code fulfillment@zenbusiness.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: c/o ZenBusiness INC 844 493-6249 at (Address			
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Area Code Daytime Felephone Number Enclosed is a check for the following amount: ■ \$25.00 Filing Fee \$30.00 Filing Fee & Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) MailIngAddress: Registration Section Division of Corporations Division of Cor		concerning this matter, please c			
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S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) MailIngAddress: Registration Section Division of Corporations S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certified Copy (additional copy is enclosed) StreetAddress: Registration Section Division of Corporations	Name	of Person	Area Code Daytime	Felephone Number	
Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) MailingAddress: Registration Section Division of Corporations Certified Copy (additional copy is enclosed) StreetAddress: Registration Section Division of Corporations	Enclosed is a check for	the following amount:			
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P.O. Box 6327 The Centre of Tallahassee Tallahassee, Fl. 32314 2415 N. Monroe Street, Suite 810					

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H24000191666 3

West Eake Homebuilders LLC			
(Same of the Limited Liability Compa (A Florada Lamited)	ny as it now appears on our records.) Bability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000531224</u>	were filed on 2023-11-29	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company bere:		
The new name most be distinguishable and contain the words "Limited Liabi	tity Company," the designation "FAC" or the abbrevi	ation "L.L.C."	
Enter new principal offices address, if applicable:	9144 SW 49th Pl 201 Gainesville, FL 32608		
(Principal office address MUST BE A STREET ADDRESS)		2-0:	201
		±5 ±5 35	2014 HWY 31 PM 2:13
Enter new mailing address, if applicable:	9144 SW 49th Pl 201 Gainesville, FL 32608		
(Mailing address MAY BE A POST OFFICE BOX)		: <u>,</u> H	<u> </u>
			<u>::</u> :
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	• •	sterc
Name of New Registered Agent:			
New Registered Office Address:			
	Enier Florida street address		
	, Florida Z	ip Code	,
New Registered Agent's Signature, if changing Registered Agent:	•	y) Collect	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capacity. I further agree t performance of my duties, and I am fami provided for in Chapter 605, F.S. Or, if th	liar with and is document	,
Te 200-	alian Danis aread Count Signature of Van Donistana		

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2024-05-31 12:27:14 UTC+14

18506176383

From: ZenBusiness User
H24000 191666 3
H24000 191666 3 or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Nicholas Alexander Stula	9144 SW 49th Pt 201 Gainesville, Ft. 32608	□ Add
			□Remove
			\(\overline{\overline
		-	□ Add
			□Remove
			Change SLORETARY 31
			— □Remove
			_
			□Remove
			□ Change
			□Remove
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··			DAdd
			□Remove
			□Change

To:

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) E. Effective date, if other than the date of filing: ____ (optional) (If an effective date is fisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the 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 million the earlier of: (b). The 90th day after the record is filed. Dated ____05/30 2024 /s/ Nicholas Alexander Stula Signature of a member or authorized representative of a member Nicholas Alexander Stula, Member Typed or printed name of signee