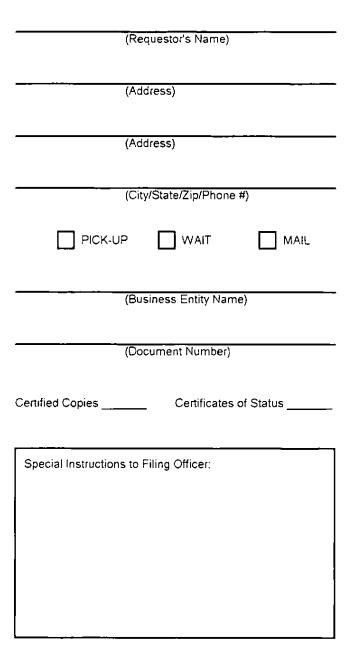
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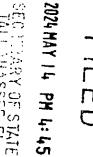






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05/14/24--01022--021 **25.00



COVER LETTER

O: Registration Section Division of Corporations West Park Group Home, LLC Name of Limited Liability Company
he enclosed Articles of Amendment and fee(s) are submitted for filing.
lease return all correspondence concerning this matter to the following:
Hyacinth Muthra Name of Person
3650 SW 40m Ave Address Wost Park, FC 33023
West Park, FC 33023 City/State and Zip Code
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
or further information concerning this matter, please call:
Myacinth Muthia 305 761-1418 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
inclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\Bigcup \text{\$55.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)}\$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)}\$

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

ANIN	Tres or or	NGAIN	IZATION		
	OF	7			
			Group Ho	SMP,	LLC
(<u>Name of the Limited</u>	Liability Company VElorida Limited Lia	y as it now ability Cor	v appears on our records.) mpany)		
			•	C (. 1
The Articles of Organization for this Limited Liab Florida document number $\angle A 4000$	bility Company w	vere filed	Ion January	0,7020 and	assigned
Florida document number <u>LA 9 000</u>	01840	6	•		
This amendment is submitted to amend the follow	ving:				
			•		
A. If amending name, enter the new name of t	he limited liabili	ity comp	any here:		
The new name must be distinguishable and contain the wor	ds "Limited Liability	y Compan	y," the designation "LLC" or t	the abbreviation	ı "L.L.C."
			_		
Enter new principal offices address, if applical	ole:				
(Principal office address MUST BE A STREET	ADDRESS)	_	Sayre	2	
*			±	7.	
			 :		<u> </u>
			C -		
Enter new mailing address, if applicable:			James	F _	
(Mailing address MAY BE A POST OFFICE B	OV)			. Of 1025 1035 1035 1035 1035 1035 1035 1035 103	
maning address MAT BEAT OST OTTICE B	<u>077</u>			11 01 <u>=</u>	$\overline{}$
			•	THE CO	
B. If amending the registered agent and/or reg		ldress or	a our records, enter the	name of the	new registered
agent and/or the new registered office address	<u>here</u> :				
		, ,		. <i>1</i>	
Name of New Registered Agent:	,	HV	acinth MU	1+11/6	入
Name of New Registered Agent.		' ' ' '	VICITITE FIL		
New Registered Office Address:	3650	<u>ک (</u>	W 40 tr	ALC_	
•	. 1	E	nter Florida street address		
	Wost	MAK	, Florid	a 330	23
		City	, 2 10112	Zip Co	ode

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.

Malla

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>	Name	Address	Type of Action
<u>P</u>	Denis, Kellie	7472 PINPS Blud Suite 245175 pempnio Pines, fc 33	🗆 Add
		pembrilo Pino, fc 33	62 Remove
			□Change
<u>P</u>	Marcel Limonne	3583 Wiles Road SULEZOT Coconus Creek, R 3307	□Add
		Coconus Creek, R 3307	Remove
			Change
			🗀 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			□ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
,	
	
	
•	
(If an ef Note:	ive date, if other than the date of filing: March 11, 2024 (optional) fective 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 605.0207 (3)(If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
f the reco	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	March 11 2024.
	Signature of a member or authorized representative of a member
	Denis Kellie Typed of printed name of signee