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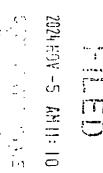
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Cyangan Fathy Mann)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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## **COVER LETTER**

	Registration Se Division of Cor		,	
SUBJEC	WorryWeig	ghts LLC		
300320		Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	turn all correspo	ondence concerning this matter	to the following:	
		Heidi West		
			Name of Person	<del> </del>
		<del></del>	Firm/Company	<del></del>
	1715 Independence Blvd Ste B6  Address			
		Sarasota, FL 34234		
			City/State and Zip Code	
		heidiwest88@gmail.com		<del> </del>
For furthe	er information o	concerning this matter, please c	to be used for future annual report notificati all:	2024;
Heidi We			941 6856600 at ()	
	Name o	f Person	Area Code Daytime Tel	lephone Number
Enclosed	is a check for the	he following amount:		=
■ \$25.0	00 Filing Fee	Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & 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

WorryWeights LLC			
(Name of the Limited Liability Com (A Florida Limite	ipany as it now appears on our records.)  d Liability Company)	<del></del>	
The Articles of Organization for this Limited Liability Compartion for this Limited Liability Compartion of the Li	ny were filed on 04/08/2024	and assig	gned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lis	ability company here:		
WEST DESIGNS LLC			
The new name must be distinguishable and contain the words "Limited Lia	ibility Company," the designation "LLC" or the a	bbreviation "L.L.	C."
Enter new principal offices address, if applicable:	<u>.                                    </u>		
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		ZUZH NOV	PLETON I
	į	हुँद्र फ	6-de-3
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, <u>enter the nań</u> : : r	ne of the new	<u>řegister</u>
Name of New Registered Agent:			
New Registered Office Address:	Form Florida and Alexander		<del></del>
	. Enter Florida street address		
	, Florida	Zip Code	
	City	Zip Coue	

## 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
MGR	Troy Lucarelli	4213 Saint Charles Dr	
		Sarasota, FL 34243	□Remove
			□ Change
		<del></del>	□ Add
			□Remove
			Change
			□ Add
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n effective date is listed, the date term in the date in the date inserted in the	the date of filing: e must be specific and cannot be profis block does not meet the apposite Department of State's record	ior to date of filing or mor licable statutory filing	e than 90 days after filing.) Purs	
cord specifics a delayed eff s filed.	ective date, but not an effective	e time, át 12:01 a.m. or	n the earlier of: (b) The 90t	th day after the
November 2	2024			
	71/2	·		
	SUCT >			
	Signature of a member or at	thorized representative o	f a member	
Heidi West				
	Typed or pr	inted name of signce		