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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Western S Lygacy LC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Elier-Joseph Name of Person
Weslens Legacy Firm/Company
161 NW 21st Aldress
BOYN ton BOACH F/ 33435 City/State and Zip Code Westens: legacy egmail Com E-mail address: (to be used for future annual report notification)
Westens: legacye email. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Elier Joseph at (561) 5635204 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) 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

MRS RNS Left () (Name of the Limited Liabil	lity Company as it now appears on our records.) la Limited Liability Company)
	Company were filed on Afril 19 2024 and assigned
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 designation "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:	ed office address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street 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

Title	<u>Name</u>	Address	Type of Action
MGR	Elier Joseph	161 NW 21st AUR BOYNTON BURCH F	1334)5UKdd
			□Remove
			□Change
AP	Esther Floriant	161 NW 21st AUR BOYNTON BEACH F)	<u>33435</u> □Add
			ZIRemove
			Change
			□Add
			□Remove
			[]Change
			□Remove
			□Change
			□Add
			□Remove
			[]Change
			□Add
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an eff <u>ote:</u>	ve date, if other than the date of filing:
recor is fil	I 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 ed.
ated	July 26, 2024 12:55 Pm
	Eugli Dan
	Signature of a member or authorized representative of a member Eliev - Joseph Typed or printed name of signee