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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: <u>W</u> e	st End Be	ach Properhited Liability Company	es, LCC			
	Name of Lim	ited Elability Company	•			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Suzi	Mne Stant	<u></u>			
		W/A				
		Firm/Company				
	706	Jenks Are				
	Panam J. D. I	City/State and Zip Code OSM PX QVV). Cto be used for future annual report notif	9 32401			
	E-mail address: (to be used for future annual report notif	ication)'			
For further information c	oncerning this matter, please c					
Name o	f Person	at () Area Code Daytime	: Telephone Number			
Enclosed is a check for the	ne following amount:					
\$25.00 Filing Fee	Certificate of Status	☐ \$55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Address Registration 5 Division of C P.O. Box 632 Tallahassee,	Section Corporations 17	Street Address: Registration Sec Division of Corp The Centre of T 2415 N. Monroe	porations			
		Tallahassee, FL 32303				

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on Florida document number __L24000319281 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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 Changing Registered Agent, Signature of New Registered Agent

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	Omar Taleb	119 Charleston Court	□Add
		119 Charleston Court Panama City Beach, Fi	Remove
		32407	□Change
			□Add
			□Remove
			□Change
			□Add
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elayed effective da	ite, but not ar	n effective time	, at 12:01 a.m. c	on the earlier	of: (b) Th	ie 90th day afi	ter the
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Filing Fee: \$25.00