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## **COVER LETTER**

ction porations				
807 \$	SW 12 LLC			
Name of Lim	ited Liability Company			
Amendment and fee(s) are sub	emitted for filing.			
ndence concerning this matter	to the following:			
	HANH DINH			
	Name of Ferson			
	Firm/Company			
131	14 E. Las Olas Blvd # 1210			
Address				
For	t Lauderdale FL 33301			
	City/State and Zip Code			
		ification)		
oncerning this matter, please c	all:			
	at (305 ) 772-4596			
Person	Area Code Daytin	ne Telephone Number		
e following amount:				
☐ S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
<u>:</u> ection	<u>Street Address:</u> Registration Se	ection		
Registration Section Division of Corporations		Division of Corporations		
7				
	For Some of Limits Name of Limits Name of Limits Amendment and fee(s) are substituted and the concerning this matter.  For FL E-mail address: (oncerning this matter, please concerning this matter, please concerning this matter. Person  For Some following amount:  Some of Status  E ection corporations	Amendment and fee(s) are submitted for filing.  HANH DINH  Name of Person  Firm/Company  1314 E. Las Olas Blvd # 1210  Address  Fort Lauderdale FL 33301  City/State and Zip Code  FLHANH@GMAIL.COM  E-mail address: (to be used for future annual report not oncerning this matter, please call:  at (305  Area Code Dayting  Person Area Code Certified Copy (additional copy is enclosed)  E. Street Address:  Registration Section Registration Section Of Contractions Division of Contractions Division of Contractions Division of Contractions Of Contractions Division Division Division of Contractions Division		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

				1024 OCT 20
	_807 SW 1		<del></del>	-1 <8 PH12
(Name of the Limited (A	Liability Compa Florida Limited I	<u>ny as it now appe</u> Liability Company	<u>ars on our records.</u> ) )	76. 34 PM 12: 34
The Articles of Organization for this Limited Liab	oility Company	were filed on _	9/18/2024	and assigned/
Florida document number <u>L24000406483</u>				
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of the	he limited liabi	ility company	<u>here</u> :	
The new name must be distinguishable and contain the word	ds "Limited Liabil	ity Company," the	designation "LLC" o	r the abbreviation "L.L.C."
	.1			
Enter new principal offices address, if applicab			<del></del>	
(Principal office address MUST BE A STREET	<u>ADDRESS)</u>			
Enter new mailing address, if applicable:			_	
(Mailing address MAY BE A POST OFFICE BO	<b>2X</b> )			
Training dual control of the Both	<u> </u>			
		<i></i>		
B. If amending the registered agent and/or reg	istared office a	ddroes on our	records enter th	a name of the new registers
agent and/or the new registered office address		idai ess on oui	records, enter th	e name of the new registere
Name of New Registered Agent:				
Name of New Registered Agent.		/		
New Registered Office Address:		<del>-</del>		
		Enter Fl	orida street address	
			, Flori	da
		City	, 2 1012	Zin 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR_	WESTPRORE LLC	724 SW 12TH AVE FORT LAUDERDALE, FL 333	12 <b>X</b> Add
			□Remove
			□ Change
		-	□Add
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	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<del></del>
-	
	<del></del>
effecti <u>te:</u> If	date, if other than the date of filing:
cord s s filed	pecifies 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	10/21/2024
	- Handi- Ju
	Signature of a member or authorized representative of a member