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COVER LETTER

TO:

	Registration Se Division of Cor						
SUBJEC		Westgroup LaPlaya, LLC					
SUBJEC	:T:	Name of Limited Liability Company					
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please re	turn all correspo	ondence concerning this matter	to the following:				
		Audra Foster					
			Name of Person				
		Noble House Hotels & Res	sorts				
			Firm/Company				
		600 6th Street South					
Address							
	City/State and Zip Code						
		nhlegal@noblehousehotels.					
Car furth	ear information o	E-mail address: (concerning this matter, please c	to be used for future annual report of	odification)			
		concerning this matter, piease e					
Audra F	oster		425 636-5664 at ()				
	Name o	of Person	Area Code Day	time Telephone Number			
Enclosed	is a check for t	he following amount:					
■ \$ 25.	.00 Filing Fee	☐ \$30.00 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)			
	Mailing Addre		Street Address:				
Registration Section Division of Corporations			Registration Section Division of Corporations				
	P.O. Box 632	27	The Centre o	f Tallahassee			
	Tallahassee,	FL 32314	2415 N. Mor	roe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Westgroup LaPlaya, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on December 7, 1999 and assigned Florida document number L99000008599 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 "LLC." 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 , Florida 🔃 City 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

Title	<u>Name</u>	Address	Type of Action
			🗆 Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			DbA
	-		□Remove
			□Change
			□Add
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			🗆 Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change

•	The duration of the limited liability company shall be perpetual.
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lf an ef Note:	ive date, if other than the date of filing:
ord is fi	
Dated	September 13, 2022. Signature of a member or authorized representative of a member

. . . .

Filing Fee: \$25.00