DOCUMENT # L9900008871  1. Entity Name WESTEND OF MIAMI, L.C.						FILED			
		•		-		· OL BN20	AM Q. OI.		
Principal Place of Business Mailing Address					01 JAN 29 AM 8: 24				
7603 ESTRELLA CIRCLE 7603 ESTRELLA CIRCLE				ı		SECRETARY OF STATE TAULAHASSEE, FLORIDA			
BOCA RATO	N FL 33433	BOCA RATON FL 33433						IAASK II II IAAK	
Principal Place of Business     3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. FEI Number 65-0982481 Applied For Not Applicable				-
Zip Country		Zip	Country		5. Cert		□ \$5.00 Add	litional	
	6. Name and Address of Current	Registered Agent				e and Address of New Regi	Fee Require	d	-
		<del></del>	<del></del>	Name + +	2 N A	N TARAM	ILID	1	
DADE CORPORATE SERVICES				Street Address	P.O. Box 1	Number is Not Acceptable)	CIRCLE		1
C/O 2300 CORAL WAY, SUITE 103 MIAMI FL 33145					<u>۔۔ ن</u>	J'REGIA G			
		/		City 12	4 5	CATON	FL 多常	433	
8. The above	named entity submits this statement to	r the purpose of changing its	registere	ed office or register	red agent.			7 <u>00</u>	
		. To perpend of one igning to		or o	ou ugo,,				
SIGNATURE .	Signal Company of the distribution of registered agent :	and title if applicable. (NOTE	: Registered	Agent signature required	1 when reinstal		DATE OI	<del></del>	
FILE NOW!!! FEE IS \$50						:			
	,	Make Check Pa		·	f State	•			
9.	MANAGING MEMBI	ERS/MEMBERS	10.		*	ADDITIONS/CH	IANGES		1
TITLE	MGRM	☐ Delete	TłTLE			f r	Change	Addition	9
NAME Street address	JARAMILLO, FEMAN 7603 ESTRELLA CIRCLE		NAMI STRE	ET ADDRESS					3 (1
City-St-Zip	BOCA RATON FL 33433			-ST-ZIP		:		_	2E083 (11/00)
TITLE	MGR -	☐ Delete	TITLE			: :	☐ Change	Addition	CR
NAME STREET ADDRESS	JARAMILLO, HELENA 7603 ESTRELLA CIRCLE		NAMI STRE	ET ADDRESS		;			
CITY-ST-ZIP	BOCA RATON FL 33433		CITY	-ST-ZIP		5000036	24195	3_	
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NAME STREET ADDRESS				: Et address		*****5	) <u>.</u> (3() *****	DU.UU	ž
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STREET ADDRESS				T ADDRESS		<b>;</b>			
CITY-ST-ZIP	partify that the information consider with	this filing does not qualify for		ST-ZIP	otion 110	07/3)/i) Elorida Statitan 15:-	ther cortify that the !-	formation	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or truttee empowered to execute this report as required by Chapter 608, Fiorida Statutes.									
SIGNATURE: SIGNATURE AND TYPED OR FRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Devictor Phone #									