

(Re	equestor's Name)	
(Ad	ldress)	<u> </u>
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	ne)
(Do	ocument Number)	
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COVER LETTER

TO: Registration Se Division of Cor			
	Owner, LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Paul Wasserman		
		Name of Person	- 1-
	Kohlberg, Kravis, Roberts	& Co. 1.P	
		Firm/Company	
	9 West 57th Street, 42nd F	loor	
		Address	
	New York, New York 100	19	
		City/State and Zip Code	
	paul,wasserman@kkr.com		
	E-mail address: (t	o be used for future annual report notific	cation)
For further information of	oncerning this matter, please ca	ill:	
Paul Wasserman		713 332-8322 at ()	
Name o	of Person	Area Code Daytime	Felephone Number
Enclosed is a check for the	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 ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Cliffon Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

West Park Owner, 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 5/16/2018 and Florida document number M18000004752	l assigned	
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	AUG	SECR SECR
Enter new principal offices address, if applicable:	<u></u>	25- 25-
(Principal office address MUST BE A STREET ADDRESS)		_ 22
	AH 10:	ORPORATI
Enter new mailing address, if applicable:	$-\frac{\omega}{\infty}$	<u>은</u> ~
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office address on our records, enter the na registered agent and/or the new registered office address here:	me of the	e new
Name of New Registered Agent:	···-	
New Registered Office Address:		
New Registered Office Address Enter Florida street address	-	_
Florida		
Chy Zip C	ak	
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 a provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this cheing filed to merely reflect a change in the registered office address, I hereby confirm that the limited lice company has been notified in writing of this change.	with and locument	1

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>	Name	Address	Type of Action
MGR	Paul Wasserman	Kohlberg, Kravis Roberts & Co. L.	
		9 West 57th Street, 42nd Floor	□ Remove
		New York, New York 10019	□ Change
			□ Add
			□ Remove
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ective date, if othe n effective date is listed,	r than the date the date must be sp	of filing:	e prior to date of f	ling or more than 90	(optional) I days after filing.) Pu	rsuant to 605.0
te: If the date inserte	ed in this block do	ses not meet the	applicable statut	ory filing require	nents, this date will	not be listed
record specifies. The 90th day afte			ut not an effe	ctive time, at	12:01 a.m. on	the earlie
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ted Juli	1_30	1/29	18			

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Filing Fee: \$25.00