

M22000004474

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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COGENCYGLOBAL

115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
866.625.0838
COGENCYGLOBAL.COM

Date: **November 10, 2022**

Account#: 1200000000088

Name: **Janelle Davis**

Reference #: **1830628**

Entity Name: **PORCHTOPATIO, LLC**

☐ Articles of Incorporation/Authorization to Transact Business

☒ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

Authorized Amount: **\$25.00**

Signature: *Janelle Davis*

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WESTCHASESHOPS, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael J. Moeddel

Name of Person

Taft Stettinius & Hollister LLP

Firm/Company

425 Walnut Street, Suite 1800

Address

Cincinnati, Ohio 45202

City/State and Zip Code

MMoeddel@taftlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael J. Moeddel

at (513) 8273873

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 9, 2022

COGENCYGLOBAL

SUBJECT: WESTCHASESHOPS, LLC
Ref. Number: M22000004474

We have received your document for WESTCHASESHOPS, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan
Regulatory Specialist III

Letter Number: 322A00025134

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CALLAHAN, NEYSA

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: WESTCHASESHOPS, LLC

Enter new principal office 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)

2. The Florida document number of this limited liability company is: M22000004474

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 03/24/2022

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: PorchToPatio, LLC

(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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

Zip 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 Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

Heena Rathore and Rakesh Rathore are hereby removed from their designation as Authorized Persons.

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Authorized Person	Heena Rathore	9565 Cincinnati-Columbus Rd	<input type="checkbox"/> Add
		West Chester, OH 45069	<input checked="" type="checkbox"/> Remove
Authorized Person	Rakesh Rathore	9565 Cincinnati-Columbus Rd	<input type="checkbox"/> Add
		West Chester, OH 45069	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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TALLAHASSEE, FL

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Keith Carlson

Signature of the authorized representative

Keith Carlson, Authorized Representative

Typed or printed name of signee

Filing Fee: \$25.00

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "WESTCHASESHOPS, LLC", CHANGING ITS NAME FROM "WESTCHASESHOPS, LLC" TO "PORCHTOPATIO, LLC", FILED IN THIS OFFICE ON THE NINTH DAY OF NOVEMBER, A.D. 2022, AT 8:58 O`CLOCK A.M.



6572252 8100
SR# 20223973153

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 204822683
Date: 11-09-22

**CERTIFICATE OF AMENDMENT TO
CERTIFICATE OF FORMATION
OF
WESTCHASESHOPS, LLC**

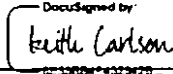
The undersigned, being duly authorized to execute this Certificate of Amendment to Certificate of Formation for the purpose of changing the name of the limited liability company does hereby certify that:

1. The name of the limited liability company is WESTCHASESHOPS, LLC.

2. The Certificate of Formation of the limited liability company is hereby amended as follows:

The name of the limited liability company is PorchToPatio, LLC.

IN WITNESS WHEREOF, the undersigned has executed this Certificate on the 8th day of November, A.D. 2022.

By: 
Name: Keith Carlson
Authorized Representative