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(Re	equestor's Name)	
(Ad	ldress)	
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(Cir	ty/State/Zip/Phone	e #)
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(Do	ocument Number)	
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## **COVER LETTER**

TO: Registration Se Division of Con					
QUD INCT	Web Dine c	LLC			
SUBJECT:		ed Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Matt	- Harper			
		Name of Person			
	Web 1)	Firm/Company			
		Firm/Company			
	WebD:	4 St #105			
		Address			
	Fort Lauderd	City/State and Zip Code			
				1107 1107	
	Mat	te webdiner.com o be used for future annual report notificati		<b>表現 - 6</b>	هجوديو) ز
			on)	1 6 A	14.m
For further information of	concerning this matter, please co	all:		1.77	1 4
		at (		元	النظام مهدر لا
Name o	f Person	at ()Area Code & Daytime To	lephone Number	FH 12: 40	
Enclosed is a check for the	he following amount:				
S25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Certificate of Certified Co (additional	of Status &	)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Web Dinn LLC	
( <u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 12-20-13 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and end with the words "Limi"L.L.C."	ted Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	330 SW 2nd St \$105
(Principal office address MUST BE A STREET ADDRESS)	330 SW 2nd St \$105 Fort laudendale, Fl 33312
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	330 SW 2 <sup>nl</sup> St # 105 Fort laudarlate, FL 33312
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member <u>Title</u> **Name Address Type of Action** 1717 N. Bayshore D. £ 1854 Add
Miamile Fl, 33132 Remo MGRM Charles Hazlett WebDiner Portners LLC DOC # L 130000 147525 Remove Add Remove Remove Remove

amending any	other information, enter change(s) here: (Attach additional sheets, if necessary.)
	· · · · · · · · · · · · · · · · · · ·
	Matt Hoys
	Signature of a member or authorized representative of a member
	Matt Haper Typed or printed name of signee
<u></u>	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

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Mecaes Pares