209000013672

(Requestor's Name)				
(Address)				
(Address)				
,				
(City/State/Zip/Phone #)				
(City/State/Zip/Phone #)				
☐ PICK-UP ☐ WAIT ☐ MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
· · · · · · · · · · · · · · · · · · ·				
Special Instructions to Filing Officer:				
Λ				
A. LUNT				
OCT 2 1 2009				
EXAMINER				

Office Use Only



500161756195

10/20/09--01026--002 **25.00

FILED

2009 OCT 20 PM 3: 03

SECRETARY OF STATE

COVER LETTER

TO: Registration S Division of Co		<i>:</i>			
SUBJECT:	WEBINNDEUELO Name of Limited L	OPMENT LLC iability Company			
The enclosed Articles of	f Amendment and fee(s) are submitte	ed for filing.			
Please return all corresp	oondence concerning this matter to th	e following:			
		Name of Person CLOPMENT LL Firm/Company OLUS WAY Address Address		2009 OCT 20 PM 3: 03 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
		used for future annual report notificat	ion)		
	concerning this matter, please call:				
ROGERIC Name	S AMTOS of Person	at (407) 785 20 < Area Code & Daytime To	10 Lelephone Number		
Enclosed is a check for	the 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 Certificate of Certified Co	f Status &	4)

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

WEBINDEVELOP	MENT CLC.				
(Name of the Limited Liability Compar (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 <u>Logooo 1367</u> &	were filed on FOB ~ 10 - 2009 and assigned. AHASSET				
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: (Principal office address MUST BE A STREET ADDRESS)	5326 ACOLUS WAY				
(Principal office address MUST BE A STREET ADDRESS)	08LANDO-FL -32808				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5326 A GOLUS WAY OR CANDO - FL-32808				
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	2:				
Name of New Registered Agent:	KOGERIO SANTOS				
New Registered Office Address: 5376	ROGERÍO SANTOS AGOLUS WAY-OBLANDO-FL-32808 Enter Florida street address CANDO, Florida ZEO8 Zip Code				
	CANDO, Florida 32808 City Zip Code				
New Registered Agent's Signature, if changing Registered Agent:					

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 2

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 **Address Type of Action Title Name** _ Add Remove Remove gremove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated OctoBER Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00