

L09000056589

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H12000201569 3)))



H120002015693ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: ED GARCIA

Account Name : ASSOCIATED TAX CONSULTANTS, INC
Account Number : I20090000061
Phone : (305) 823-9292
Fax Number : (305) 824-0703

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 AUG - 9 AM 11:10

FILED

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: ED @ TAXCONSULTANTSGROUP.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TOTAL GRAPHICS OF MIAMI LLC

Certificate of Status	0
Certified Copy	0
Page Count	003
Estimated Charge	\$25.00

A. LUNT

AUG 10 2011

EXAMINER

RECEIVED
12 AUG - 9 PM 4:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

TOTAL GRAPHICS OF MIAMI 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 06/11/2009 and assigned
Florida document number L09000056589.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

MIAMI WEB COMPANY.COM LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices 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)

FILED
2012 AUG -9 AM 11:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. If amending the registered agent and/or registered office 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 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 Changing Registered Agent, Signature of New Registered Agent

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

FILED
2012 AUG - 9 AM 10:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated

8/9/12

Signature of a member or authorized representative of a member

ERIK GONZALEZ

Typed or printed name of signee