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J. SAULSBERRY EXAMINER

SEP 27 2010

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT:Name of Limited Liability Company		
The enclosed Articles of Amendment and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Mothew Conch Name of Person		
WebDorla LLC Firm/Company		
113 Nw 3rd Ave Apt 215	2016 56 5411	
CourseVille Florida 32601 City/State and Zip Code	2010 SEP 24 SCCXETYRY BALLAHASSE	777
E-mail address (to be used for future around report notification)	HAS R	
For further information concerning this matter, please call:	PH 2: 44 OF STATE S. FLORID	A Company
Mothew Carrett at 561, 315-7610		
Name of Person Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount:		
(additional copy is enclosed) Certified C	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

(Name of the Limited Liability	y Company as it now appears on	our records.)
(A Florida The Articles of Organization for this Limited Liability (Florida document number LOGOOGUS	Limited Liability Company) Company were filed on	02/2009 and assigned .
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lim</u>	nited liability company here:	
The new name must be distinguishable and end with the wo	ords "Limited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	70 In
		T A A
		2 F
Enter new mailing address, if applicable:	*	má . IT
(Mailing address MAY BE A POST OFFICE BOX)		
		0RA7
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		**
Name of New Registered Agent:		
New Registered Office Address:		
	Enter F	lorida 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> **Type of Action** <u>Name</u> <u>Address</u> ☐ Add Remove ☐ Add Remove ☐ Add Remove ∏Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00