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SECRETARY OF STATE
SECRET

J. BRYAN

MAY 13 2010

EXAMINER

COVER LETTER

TO: A Registration S Division of Co			
SUBJECT:	GoW	ebDesk LLC	
3000ECT:		ted Liability Company	
	Amendment and fee(s) are sub ondence concerning this matter		OMN 12 PM 1:21 SECRETARY OF STATE SECRETARY SEE, ELORIO
		Joan C. Sidles	and the second
		Name of Person	2000
		GoWebDesk LLC	
		Firm/Company	
		5080 3rd Manor	
		Address	
	V	ero Beach, FL 32968	
		City/State and Zip Code	
	E-mail address: (lan@gowebdesk.net to be used for future annual report notifica	tion)
For further information	concerning this matter, please c	eall;	
	Alan Sidles	at (_772)7	74-8797
Name of Person Area Code & Daytime Tele		'elephone Number	
Enclosed is a check for	•		
\$25.00 Filing Fee	▼\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regis	LING ADDRESS: tration Section on of Corporations	STREET/COURIE Registration Section Division of Corporati	

P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	GoWebDesk LLC		
(<u>Name of the Limited Lial</u> (A Floi	oility Company as it now apper rida Limited Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Liabili	· · · · —	April 19, 2010	and assigned
Florida document numberL1000042583	3		
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability company he	ere:	
	WebDesk LLC		
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Comp	pany," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable	:		31.
(Principal office address MUST BE A STREET A	DDRESS)		0
Enter new mailing address, if applicable:			N 12 PM
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>		<u> </u>
			22 1985 1985 1985 1985 1985 1985 1985 1985
B. If amending the registered agent and/or r registered agent and/or the new registered office		our records, enter th	ne name of the nev
Name of New Registered Agent:			
New Registered Office Address:	E	nter Florida street addr	
	E		caa
_	City	, Florida	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:

	<u>Name</u>	<u>Address</u>	Type of Action
			Add Remove
			Remove
			
			The same of the sa
			Remove
D. If amen — —	ding any other information, enter	change(s) here: (Attach additional sheets, if ne	DECRETAL TO MAY I
_	April 28, 2010		2 PH 1:21 BY OF STATE SSEE, FLORIDA
Dated	, 10:11 EQ1 EQ 10	•	

Page 2 of 2

Filing Fee: \$25.00