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EXAMINER

TO:	Registration S Division of Col			•	
SHR II	SUBJECT: WEBSITE HAULERS LLC				
SO DJ			ited Liability Company		
The en	nclosed Articles of	Amendment and fee(s) are sul	omitted for filing.		
Please	return all correspo	ondence concerning this matter	r to the following:		
			Name of Person		
	SAFETY BUSINESS LLC Firm/Company				
		6220 S ORANGE BLOSSOM TRAIL STE 604			
		6220 S ORA	S1E 604		
		(ORLANDO FL 32809		
		City/State and Zip Code			
		E-mail address: (FINA@SAFETYTAX.COI	VI ottfication)	
For fur	rther information of	concerning this matter, please of	call:		
· -		STINA RIVERA	at (<u>407</u>)	888-4747	
	Name (of Person	Area Code & Day	time Telephone Number	
Enclos	ed is a check for t	he following amount:			
(2) \$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclo	\$60.00 Filing Fec, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assec, FL 32314	STREET/COL Registration Se Division of Cor Clifton Building 2661 Executive Tallahassee, FL	porations g Center Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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Zip Code

SECRETARY OF STATE TALLABASSEE, FLORIDA WEBSITE HAULERS LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 06/17/2011 The Articles of Organization for this Limited Liability Company were filed on and assigned L11000070811 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: WBS IT 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) 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

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> Type_of Action Address MGRM DE LA GARZA, DANIEL 8107 RUNNIG HOLLOW □Add SELMA, TX 78154 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.) March 30 Signature of a member or authorized representative of a member Luiz Fernando Faria Typed or printed name of signce

Page 2 of 2

Filing Fee: \$25.00