

L11000080921

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

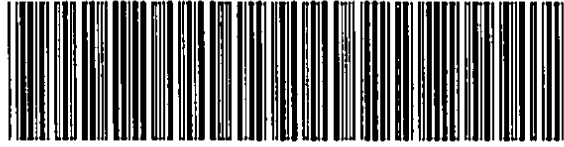
(Business Entity Name)

(Document Number)

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FILED
2019 MAR 18 AM 10:10
TALLAHASSEE, FL

C. GOLDEN

MAR 28 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: WEBFAB, LLC

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:

ERIC YODER

Name of Person

REWIRED SOLUTIONS, INC

Firm/Company

711 S OSPREY AVE #2

Address

SARASOTA, FL 34236

City/State and Zip Code

ERIC@REWIRED.SOLUTIONS

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ERIC YODER

717 341-7295
at ()

Name of Person

Area Code

Daytime Telephone 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 Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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

FILED

2019 MAR 18 AM 10:10

WEBFAB, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

CLERK OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 07/14/2011 and assigned
Florida document number LI1000080921.

This amendment is submitted to amend the following:

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

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

Enter new principal offices address, if applicable:

711 S OSPREY AVE, #2

(Principal office address MUST BE A STREET ADDRESS)

SARASOTA, FL 34236

Enter new mailing address, if applicable:

711 S OSPREY AVE, #2

(Mailing address MAY BE A POST OFFICE BOX)

SARASOTA, FL 34236

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:

ERIC YODER

New Registered Office Address:

711 S OSPREY AVE, #2

Enter Florida street address

SARASOTA

Florida 34236

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	KYLE DOLAN	1717 2ND STREET SUITE G	<input type="checkbox"/> Add
		SARASOTA, FL 34236	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SETH BRACEWELL	7268 MONARDA DR	<input type="checkbox"/> Add
		SARASOTA, FL 34238	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	REWIRED SOLUTIONS, INC.	711 S OSPREY AVE, #2	<input checked="" type="checkbox"/> Add
		SARASOTA, FL 34236	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated MARCH 14 2019

TIM HEARON

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Filing Fee: \$25.00