

**L12000028440**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

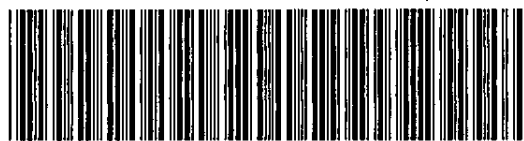
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



**800225756018**

03/22/12--01003--023 \*\*25.00

FILED  
12 APR -2 PM 4:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**C. LEWIS**  
Apr. 3, 2012  
**EXAMINER**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 23, 2012

SCOTT L. SMITH / WE'VE GOT YOUR WEBSITES LLC  
20218 HERITAGE POINTE DRIVE  
TAMPA, FL 33647

SUBJECT: WE'VE GOT YOUR WEBSITES LLC  
Ref. Number: L12000028440

We have received your document for WE'VE GOT YOUR WEBSITES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Carolyn Lewis  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 612A00010076

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: WE'VE GOT YOUR WEBSITES 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:

SCOTT L. SMITH  
Name of Person

WE'VE GOT YOUR WEBSITES LLC  
Firm/Company

20218 HERITAGE POINT DRIVE  
Address

TAMPA / FL 33647  
City/State and Zip Code

SCOTT @ WE'VE GOT YOUR CUSTOMERS.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SCOTT L. SMITH at 813 400-1105  
Name of Person Area Code & Daytime Telephone Number  
at (813) 748-8008

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**

We've Got Your Websites LLC

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

FILED

12 APR -2 PM 4: 12

STATE  
TAMPA, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on FEBRUARY 28, 2012 and assigned Florida document number L12000028440.

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 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:

SCOTT L. SMITH

New Registered Office Address:

20218 HERITAGE POINT DRIVE

*Enter Florida street address*

TAMPA

*City*

Florida

33647

*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.*

*Scott L. Smith*  
**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

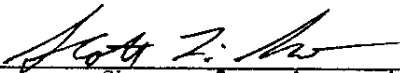
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	BOELTER, JAMES J	3241 CLOVER BLOSSOM CIR LARD O LAKES, FL 34638	<input type="checkbox"/> Add <input checked="" 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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated MARCH 16, 2012



Signature of a member or authorized representative of a member

SCOTT L. SMITH

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

FILED  
12 APR -2 PM 4:12  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA