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**EXAMINER** 



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## **COVER LETTER**

TO:	Registration Sect Division of Corpo		•	waj.
SÜBJE	CT:	WEBE	EE USA LLC	
		Name of Limit	ed Liability Company	
The end	closed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please 1	return all correspond	lence concerning this matter	to the following:	
		SEVER	RINE GIANESE-PITTMAN Name of Person	
			Firm/Company	
		701 BRIC	KELL AVENUE SUITE 1650	)
			Address	
MIAMI, FL 33131 City/State and Zip Code				·····
		E-mail address: (to	ANESE@GMAIL.COM  o be used for future annual report notifica	tion)
For furt	her information con	cerning this matter, please ca	all:	
	SEVERINE G	IANESE-PITTMAN erson	at ( at ( 786_ ) 77	77 02 05 Celephone Number
Enclose	d is a check for the	following amount:		
	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:

TO:

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

WEBEE U	JSA LLC		
(Name of the Limited Liability Compa (A Florida Limited )	my as it now appears Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company  Florida document number L12000036036			and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and end with the words "Lim "L.L,C."	ited Liability Company	7," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:	253 N.E. 2ND	ST #2002	
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 331	32	**************************************
			2
	<u>-</u>		
Enter new mailing address, if applicable:			SS C
(Mailing address MAY BE A POST OFFICE BOX)			
			Fo w
	. <u>-</u>		\ <u>\</u> \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on ou <u>re</u> :	r records, <u>enter</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Fiorida		
<del></del>	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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
herm	PATRICK Wicouns Bripoupo	12-14 RAMBIA BAIXADOR 08195 SAN CUGAT DEL VALLES BARCELONA - SPAIN	_ <b>⊠</b> Add _∐ Remoce
***************************************			Add Remove
	· · · · · · · · · · · · · · · · · · ·	F	Add (Remove
			Adsi Remove
			\dd Remove
			Add Remove
D. If amendir	ng any other information, enter change(	s) here: (Attach additional sheets, If necessary.)	
<u> </u>			
Dated	July 1st 25		
-	_	r authorized refressmallye of a member  collar Bhoox refrinted name of signee	

Page 2 of 2

Filing Fee: \$25.00