

To:

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To:

Division of Corporations

Pax Number : (850)617-6383

From:

Account Name : GUZMAN & GUZMAN, P.A.

Account Number : I20080000000

Phone : (305)670-1991 Fax Number : (305)670-1993 : (305)670-1993

**Enter the email address for this business entity to be used for future. annual report mailings. Enter only one email address please. **

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WLL INTERACTIVE LLC

Certificate of Status	0
Certified Copy	(1)
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Estimated Charge	\$25.00

D. SCOTT

AUG 2 9 2017

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Help

To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WLL INTERACTIVE LLC		
(Same of the Limited Liability Come (A Florida Limited	nany as it now appears on our records.) I Liability Company)	
The Articles of Organization for this Limited Liability Compare Florida document number <u>1.12000124617</u>	y were filed on 10/01/2012	and assigned
This amendment is submitted to amend the following:	•	
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lial	oility Company," the designation "LLC" o	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 registered agent and/or the new registered office address he	office address on our records, re:	enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flori	
	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

Fax: (850) 917-9383 Page 4 of 5 08/28/2017 11:35 AM

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

Title	Name	<u>Address</u>	Type of Action
MGR	POZZO, MATIAS	9130 S DADELAND BLVD	
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Note:	tive date, if other than the date of filing:	05.020? sted #8
ie re The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear a 90th day after the record is filed.	ller of
Dated	AUGUST 33 2017	
	Signature of a member or authorized representative of a member	

Page 3 of 3