L12000132650

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	
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10/16/14--01005--006 **25.00

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT

WEBRACION 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:

Domingo Abinader

Name of Person

8751 Commodity Cir 7

Firm/Company

Address

Orlando, FL 32819

City/State and Zip Code

abmultiservices1@yahoo.com

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

For further information concerning this matter, please call:

Domingo Abinader

.,407,922**-**9211

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

S25.00 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

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AR MULTI SERVICES



October 27, 2014

DOMINGO ABINADER 8751 COMMODITY CIR 7 ORLANDO, FL 32819

SUBJECT: WEBRACION LLC Ref. Number: L12000132650

We have received your document for WEBRACION 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):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

Please return 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.

Elliott R McCaskill Registration Specialist II

Letter Number: 014A00022972

SECRETARY OF STATE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WEBRACION LLC			,
(Name of the Limited Lia (A Flo	ibility Company as it now appears on our records.) orda Limited Liability Company)		
The Articles of Organization for this Limited Liability Florida document number <u>L12000132650</u>	y Company were filed on 10/18/2012	and assigned	
This amendment is submitted to amend the following	ŗ.		
A. If amending name, enter the new name of the l	imited liability company here:		
Lais Group, 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:	· · · · · · · · · · · · · · · · · · ·	<i>PO</i>	_
(Principal office address MUST BE A STREET AD	DRESS)	<u> </u>	, e- e-
Enter new principal offices address, if applicable:		王门二	*****
		SS 5	1
Enter new mailing address, if applicable:			["
•		-: T	-[-
(Mailing address MAY BE A POST OFFICE BOX)		S DATE	- "
			_
B. If amending the registered agent and/or re- registered agent and/or the new registered office a		the name of the	new
Name of New Registered Agent:			_
New Registered Office Address:			_
	Enter Florida street address		
	. Florida		
	City	Zip Code	•
New Registered Agent's Signature, if changing Register	red Agent:		

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

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

tle	<u>Name</u>	Address	Type of Action
			Add
	·		☐ Remove
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MGR = Manager

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(The effective date must be specific, cannot be prior to date of receipt or filed date at the date this document is filed by the Florida Department of State)	(optional) and cannot be more than 90 days after
(The effective date must be specific, cannot be prior to date of receipt or filed date a	
(The effective date must be specific, cannot be prior to date of receipt or filed date at the date this document is filed by the Florida Department of State) October 66 2014	
(The effective date must be specific, cannot be prior to date of receipt or filed date at the date this document is filed by the Florida Department of State) Dated October 96 2014 Signature of a member or authorized rep.	nd cannox be more than 90 days after
the date this document is filed by the Florida Department of State) Dated October 06 2014	nd cannox be more than 90 days after

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Filing Fee: \$25.00

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