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J. HARRIE

COVER LETTER

ГО:	Registration S Division of Co				
		OVEIS LLC			
SUBJE	JI:	Name of Lim	nited Liability Compa	ny	····
The encl	losed Articles o	of Amendment and fee(s) are sub	omitted for filing.		
Please re	eturn all corresp	oondence concerning this matter	to the following:		
		PEDRO SALAMANCA		1	
		 -	Name of Pers	on	
		BEST QUICK TAX RET	URNS INC		
			Firm/Compar	ıy	
		320 S BUMBY AVE STE	10		
		 -	Address		
		ORLANDO, FL. 32803			
			City/State and Zip	Code	
		bqitr@msn.com			
			(to be used for future	annual report notif	ication)
For furtl	ner information	concerning this matter, please of	eall:		
PEDRO	SALAMANC	A	407 at (896-7921	
	Name	of Person	Area Coo	le Daytime	: Telephone Number
Enclose	d is a check for	the following amount:			
\$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filin Certified Co (additional co		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Regi Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 shassee, FL 32314	Re Di CI 26	REET/COURI gistration Section vision of Corpora ifton Building 6 Executive Ce allahassee, FL 32	n ations nter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WEBBIMOVEIS LLC

(Name of the Limited Liability Compar (A Florida Limited L	ny as it'now appears on our records.) iability[Company]
	were filed on and assigned
Florida document number L13000113851	
This amendment is submitted to amend the following:	mitted to amend the following: , enter the new name of the limited liability company here: inguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." ffices address, if applicable: 6965 PIAZZA GRANDE AVE, 318
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	6965 PIAZZA GRANDE AVE, 318
(Principal office address MUST BE A STREET ADDRESS)	ORLANDO, FL. 32835
	750 28
Enter new mailing address, if applicable:	14763 GOLDEN SUNBURST AVE
(Mailing address MAY BE A POST OFFICE BOX)	
	w.r.a.
	$\pm i$ or
	fice 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:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

or removed MGR = M			
AMBR = A	Authorized Member <u>Name</u>	<u>Address</u>	Type of Action
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			Change
			Add
			Remove
			Change
			Add
			□ Remove
			☐ Change
	<u></u>		□ Add
			Remove
			☐ Change
			Remove
			Change
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			☐ Change

f amei	nding any other	information, e	nter change(s	s) here: (Atta	ch additional sh 	eets, if necess	ary.)	
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an effe <u>Vote:</u> locume	ve date, if other ective date is listed, if If the date inserted ent's effective date cord specifies a	ne date must be speci in this block doc on the Departme	cific and cannot less not meet the cent of State's re	pe prior to date o applicable sta ecords.	utory filing requi	rements, this da	ing.) Pursuant to ate will not be	: listed as
	90th day after							
Dated '	JULY 26	Λ	2017	·				
		Xcus	ny gyrryn)			TÀIC.	2617
	У	Signatu	re of a member	or authorized re	oresentative of a mi	emper		
	-	Signatu Signatu CELAR BRAND	AO		oresentative of a ma	ember .		JUL
	-	ļ	AO	or authorized re	1	ember .	(5) A	$\frac{\omega}{}$
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