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(Requ	estor's Name)	
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JUL 3 0 2018

COVER LETTER

Tallahassee, FL 32314

SUBJECT:	Nebsite ofer	Ators LLC	<u>-</u>		
	Name of Limi	ted Liability Company			
•					
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspo	ondence concerning this matter t	to the following:			
	PON M	Atheson	• •	_	
			/. C	2018 JI SECR TAULA	7
	Name of Limited Liability Company and Articles of Amendment and feet(s) are submitted for filing. The property of the following: Continued Liability Company				
	16057 TAMP	Address Blud	N 206	18 33 48 4 48 4 48 4 48 4 48 4 48 4 48 4	n
	TAMPA F	1 33647 City/State and Zip Code		**************************************	
	TKch Alel E-mail address: (t	o be used for future annual report no	otification)		
For further information c	oncerning this matter, please ca	ill:			
Pon Name o	MAthes cm of Person	at (<u>B1Z_)361</u> Area Code — Dayti	- 9 3 80 ime Telephone Number	r	
Enclosed is a check for the	he following amount:				
\$25.00 Filing Fee		Certified Copy	Certifica Certified	ite of Status & Copy	
Registi Divisio	ration Section on of Corporations	Registration Sec	tion porations		

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Website oferato	
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>4 14000 39090</u>	were filed on $9/5/2014$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)	A Signature of the state of the
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>	JUL 24 PE 1: 12 AHASSEE FLORIDA
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	office address on our records, enter the name of the new
	Matheson
New Registered Office Address:	TAMPA PAIMS BIVD W#206 Enter Florida street address
TAMP	A

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

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 Type of Action **Address** Title Name RONMAtheson 16057 TAMPA PAIMS Blud W BAdd ☐ Remove TAMPA, F | 33647 16057 TAMPA PAINS BIUD AMBR Wessite Closers LLC ☐ Add Kemove TAMPA FL 33647 ☐ Add ☐ Remove ☐ Change ☐ Remove ☐ Change □ Add ☐ Remove

□ Change

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Note	fective date, if other than the date of filing:	n al) iling.) Pursuant to 60 date will not be lis	5.0207 (ted as t
o) Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a. e 90th day after the record is filed.	m. on the earl	ier of
	7/19 2018		
Date			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00