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(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	MAIL	
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COVER LETTER

TO: Registration Section , . Division of Corporations
SUBJECT: Not Just Websites 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:
Steven numberly
Not Just Websites Firm/Company
23448 Olde Meadow brook Circle
Bonita Opings Fr. 34134
Seven a not ust we boites - con 1 E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Skul Number at (239) 878-9310 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$\ \text{Certified Copy} \\ \text{(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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liabil	St Websites lity Company as it now appears on our	LLC Jecords.)
The Articles of Organization for this Limited Liability of Florida document number		7 15 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lir Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADD	Not Just	n"LLC" or the abbreviation "L.L.C." - Websiks COFISE Avenue, Suite 30
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Not Just 3606 Ene Naples, Fl. 3	websites ponse Avenue, Sute
B. If amending the registered agent and/or registered agent and/or the new registered office add		ecords, enter the namecof the new
Name of New Registered Agent:		10 W
New Registered Office Address:	Enter Florida stree	t address
of the second		, Florida
·	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

Page 1 of 3

Flective date, if other than the date of filing: an effective date, if other than the date of filing: (optional) an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.00 ate: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed becurrent's effective date on the Department of State's records. The effective date and all and the earlier of the specific statutory filing requirements, this date will not be listed becurrent's effective date on the Department of State's records. The specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the specifies and the specifies are specified and the specifies are specified and the specifies and the specifies and the specifies and the specifies are specified and the specifies ar								
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Filing Fee: \$25.00