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Office Use Only



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COVER LETTER

TO:

Registration Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Webster Mercantile Trust, LLC SUBJECT: 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: Peter T Anderson Name of Person Webster Mercantile Trust. LLC Firm/Company 334535 Sparkling Drive Address Sebring FL 33870-1027 City/State and Zip Code panderson@anderson-group.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Peter T Anderson Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$25.00 Filing Fee **\$30.00** Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations Division of Corporations**

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

5.3

Webster Mercantile Trust, LLC

| (Name of the Limited Liabili | ity Company as it now appears on ou a Limited Liability Company) | ir records.) | | . *** | |
|---|---|----------------------------|---------------|-------------------|--|
| (A Florida | a Limited Liability Company) | | | 4 | |
| The Articles of Organization for this Limited Liability C | Company were filed on Februart | 10, 206 | and assig | gned | |
| Florida document number L16000028203 | · · | , | | | |
| Torida document manoes | · | • | 3 | 7) | |
| This amendment is submitted to amend the following: | | | 7: 27 | | |
| A. If amending name, enter the new name of the lim | ited liability company here: | | | | |
| | | | | | |
| The new name must be distinguishable and contain the words "Lin | nited Liability Company," the designat | ion "LLC" or the abbre | viation "L.L. | .C.'' | |
| Enter new principal offices address, if applicable: | | | | | |
| (Principal office address MUST BE A STREET ADDI | RESS) | | | | |
| | | | | | |
| | | | | | |
| Enter new mailing address, if applicable: | | | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | | | |
| | | | | | |
| | | | | | |
| B. If amending the registered agent and/or registere agent and/or the new registered office address here: | d office address on our records | s, <u>enter the name c</u> | of the new | <u>registered</u> | |
| <u></u> | | | | | |
| Name of New Registered Agent: | | | | | |
| | | | | | |
| New Registered Office Address: | Enter Florida stra | est address | | | |
| | Enter Florida street address | | | | |
| | City | , Florida | Zip Code | | |
| New Registered Agent's Signature, if changing Registere | · | | zφ couε | | |
| | | | | | |
| I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and c | | | | | |
| accept the obligations of my position as registered a | | • | | | |
| being filed to merely reflect a change in the registere | ed office address, I hereby con | | | | |
| 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

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------------|--|----------------|
| AMBR | Silvia E Cardenas | 34535 Sparkling Drive, Sebring, FL 33870 | ■Add |
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| ffective date, if other than an effective date is listed, the date | the date of fill must be specific a | ng: nd cannot be prior | to date of filing or mor | c than 90 days after fi | al) ing.) Pursuant to 605.0207 |
| ote: If the date inserted in thi | s block does no | t meet the applica | ible statutory filing | requirements, this d | ate will not be listed as |
| ocument's effective date on th | e Department o | f State's records. | | | |
| | | an | | | |
| record specifies a delayed effe l is filed. | ctive date, but n | ot an effective ti | me, at 12:01 a.m. or | the earlier of: (b) | The 90th day after the |
| / | | | | | |
| Pated July 9 | | 2020 | | | |
| | | _ , | · | | |
| | | | | | |
| - 1/2// | Signature of | a member or autho | rized representative o | fa member | |

Typed or printed name of signee