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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: EXECUTIVE Web Marketing, 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:
Homberto Cuesta Name of Person
Executive web Marketing Firm/Company
1953 NW HTM Greet Address
City/State and Zip Code  Cuestamates@amail.com  E-mail address: (to be used for further annual report notification)
For further information concerning this matter, please call:
Hurnborto Cuesto at (786) 608-2918  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Status Solution Status Solution Status Solution Solution Status Sol

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

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ARTIC	CLES OF O	RGANIZATION	$\mathbf{v} = \{i, \mathcal{L}_{i}\}_{i=1}^{n}$
	OI	र	2017
			2017 AUG 18 PH 4: 36
Executive (	web A	Marketina LU	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(Name of the Limited	Liability Compan	y as it now appears on or	ir records.) MASSINGS (A)
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The Articles of Organization for this Limited Lia	bility Company v	vere filed on3	4 2016 and assigned
Florida document number L165000 45			,
	·		
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liabil	ity company here:	
		_	
Cuesta notes, LLC The new name must be distinguishable and contain the wor	ر برا المام المام الم		in all Comments with a sign and a Comment
The new name must be distinguishable and contain the wo	ras "Limited Liabilii		
Enter new principal offices address, if applicable:		1953 NU	o 4" Estreet
(Principal office address MUST BE A STREET ADDRI		Miami, Fl	33125
Fator and and if and inches		1953 NW	4th Stropt
Enter new mailing address, if applicable:		1 lines T1	33125
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>	MICKITI, FL	20100
			<del> </del>
B. If amending the registered agent and/or registered agent and/or the new registered offi			records, enter the name of the nev
registered agent and/or the new registered on	ce audi ess nere.	•	
Name of New Registered Agent:			
New Registered Office Address:	1953	NW 474	Street
Oliver i danese.		Enter Florida stre	net address
	Mia	roi	Florida 33125
	101161	City	, Florida <u>33135</u> 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

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 = 1 AMBR =	Manager Authorized Member		
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n effective date <u>te:</u> If the dat	if other thanks is listed, the date inserted in the ctive date on	te must be spe his block do-	cific and ca es not mec	nnot be prior I the applic	to date of fili able statutor	ng or more tha	(option 90 days after irements, this	filing.) Pursu	ant to 605,020 of be listed as
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Page 3 of 3

Filing Fee: \$25.00