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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Corporations	
SUBJECT: Webstran	c of Limited Liability Company
The enclosed Articles of Amendment and fee(s)	
Please return all correspondence concerning this	s matter to the following:
Robe	rt P. Morrone Name of Person
Webs	trands LLC -
9510	Old Hyde Park Pl.
Brade	City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code
For further information concerning this matter,	please call:
Robert P. Morro	1 e at (425) 766-4842 3 4 Area Code Daytime Telephone Number
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
	te & \$\Bigcup \\$55.00 \text{ Filing Fee & } \$\Bigcup \\$60.00 \text{ Filing Fee}.
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations The Contract of Tallahaman
P.O. Box 6327 The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Webstra (Name of the Limited	NCS Liability Company as it now app Florida Limited Liability Company	ears on our records.)	
The Articles of Organization for this Limited Liab	ility Company were filed on	• •	and assigned
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of th	ne limited liability company	here:	
The new name must be distinguishable and contain the word	ls "Limited Liability Company," th	e designation—"LC" or the abb	oreviation "L.L.C."
Enter new principal offices address, if applicab	le:		13
(Principal office address MUST BE A STREET)	ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>		THE SHALL STATES
B. If amending the registered agent and/or registered affice address is a Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Reg	istered 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 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
MGK	Janet B. Morro	ne 9510 old Hyde Parle P	
		Bradenton, FL 34200	2_DRemove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
When filing my latest annual report, I added Janet B Morrone, in error.
and the Total De Manager in a second
auded Janer Diright In Ethop.
I want to keep this LLC a sole canon
-LLC.
E. Effective date, if other than the date of filing:
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
Dated January 23, 2020. Signature of a member or authorized representative of a member
Robert P. Morrone Typed or printed name of signee