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| (Re | questor's Name) | |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

| | tration Section of Corp | | | | |
|-----------------|---------------------------------|--|--|---|--|
| | WEBB FLO | RIDA REALTY LLC | | | |
| SUBJECT: _ | | Name of Limi | ited Liability Compa | iny | |
| | | | | | |
| The enclosed a | Articles of A | Amendment and fee(s) are sub- | mitted for filing. | | |
| Please return a | Il correspor | ndence concerning this matter | to the following: | | |
| | | PEDRO SALAMANCA | | 1 | |
| | | | ne of Limited Liability Company are submitted for filing. s matter to the following: ANCA Name of Person AX RETURNS INC Firm/Company VE, SUITE 10 Address 32803 City/State and Zip Code address: (to be used for future annual report notification) please call: 407 896-7921 at (Area Code Daytime Telephone Number | | |
| | | BEST QUICK TAX RETU | JRNS INC | | |
| | | | Firm/Compa | ny | |
| | | 320 S BUMBY AVE, SUI | TE 10 | | |
| | | | Address | | |
| | | ORLANDO, FL. 32803 | | | |
| | | | City/State and Zi | p Code | |
| | | bqitr@msn.com | | | ation) |
| For further inf | ormation co | ncerning this matter, please co | | amua report notine | actory |
| PEDRO SAL | | | | 896-7921 | |
| | Name of | Person | at (|) | Selephone Number |
| | Name of | i cison | Alea Co | de Payame 1 | ceptione (value) |
| Enclosed is a | check for th | e following amount: | | | |
| \$25,00 Fil | ing Fee | □ \$30.00 Filing Fee & Certificate of Status | Certified C | opy | Certificate of Status & Certified Copy |
| | Registra Division P.O. Bo | NG ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314 | R D C 20 | egistration Section ivision of Corporat lifton Building 561 Executive Cent | ions er Circle |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

2017 JUL 31 PM 1:40

WERB FLORIDA REALTY LLC

| WEBB I CORIDA REAL I I CCC | , | MARCOL UK A. | |
|--|---|--------------------------------------|--|
| (<u>Name of the Limited Liability Compa</u> (A Florida Limited I | ny as it now appears on our records.) iability Company) | MASSE PLOPIO | |
| The Articles of Organization for this Limited Liability Company | Í | and assigned | |
| Florida document number L16000190014 | | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liab | lity company here: | | |
| The new name must be distinguishable and contain the words "Limited Liabil | ity Company," the designation "LLC" or the ab | breviation "L.L.C." | |
| Enter new principal offices address, if applicable: | 6965 PIAZZA GRANDE AVE | | |
| Principal office address MUST BE A STREET ADDRESS) | SUITE 318 | | |
| Time par office address 14051 DE 11011EE1 (1201E55) | ORLANDO, FL. 32835 | | |
| | | | |
| Enter new mailing address, if applicable: | 9145 NARCOSSEE RD | | |
| Mailing address MAY BE A POST OFFICE BOX) | SUITE 208 | | |
| duites in the party of the party | ORLANDO, FL. 32827 | | |
| egistered agent and/or the new registered office address her Name of New Registered Agent: | 2: | | |
| New Registered Office Address: | | | |
| | Enter Florida street address | | |
| | Florida | | |
| | City | Zip Code | |
| New Registered Agent's Signature, if changing Registered Agent: | | | |
| hereby accept the appointment as registered agent and agrowsisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change. | performance of my duties, and I am forovided for in Chapter 605, F.S. Or. | amiliar with and if this document is | |
| · · · · · · · · · · · · · · · · · · · | 1 | | |
| | 1 | | |
| If Cha | iging Registered Agent, Signature of New Re | gistered Agent | |

Page 1 of 3

| If amending | Authorized Person(s) authorized to m | anage, <u>enter the</u> | title, name, and address of each | person being added |
|--------------------|--------------------------------------|-------------------------|---|--------------------|
| | from our records: | | I FILED | |
| MGR = M $AMBR = A$ | anager uthorized Member | | 2017.1111 2 | |
| <u>Title</u> | <u>Name</u> | <u>Address</u> | 2017 JUL 31 PM 1: 40 ALLAHASSEL FLORID: | Type of Action |
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| ffective date, if other than the date an effective date is listed, the date must be sp | of filing: ecific and cannot be pr | or to date of filing | or more than 90 days | optional) after filing.) Pursuar | nt to 605.020 |
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| Signa | iture of a member or au | thorized represen | tative of a member | | |

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Filing Fee: \$25.00