

L16000190014

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

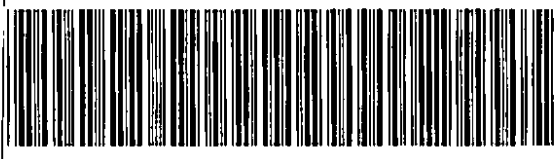
(Business Entity Name)

(Document Number)

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2017 JUL 31 PM 1:40
SECRETARY OF STATE
TALLAHASSEE, FL 32304

FILED

K. SALY
AUG - 2 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: WEBB FLORIDA REALTY 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:

PEDRO SALAMANCA

Name of Person

BEST QUICK TAX RETURNS INC

Firm/Company

320 S BUMBY AVE, SUITE 10

Address

ORLANDO, FL. 32803

City/State and Zip Code

bqitr@msn.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PEDRO SALAMANCA

407

896-7921

Name of Person

at (Area Code)

Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (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**

FILED
2017 JUL 31 PM 1:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WEBB FLORIDA REALTY LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/14/2016 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 liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

6965 PIAZZA GRANDE AVE

(Principal office address MUST BE A STREET ADDRESS)

SUITE 318

ORLANDO, FL. 32835

Enter new mailing address, if applicable:

9145 NARCOSSEE RD

(Mailing address MAY BE A POST OFFICE BOX)

SUITE 208

ORLANDO, FL. 32827

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, **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

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

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TALLAHASSEE, FLORIDA

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
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