

L17000013785

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2017 MAY -8 P 3:19

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**D. BRUCE
MAY 09 2017**

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: WEB MY MONEY 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:

FRANCISCO JOSE GUTIERREZ

Name of Person

WEB MY MONEY LLC

Firm/Company

10595 NW 57TH STREET

Address

DORAL , FL, 33178

City/State and Zip Code

fjgm1993@gmail.com

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

For further information concerning this matter, please call:

FRANCISCO JOSE GUTIERREZ

Name of Person

617
at ()
Area Code

803-49-48

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

SECRETARY OF
STATE
TALLAHASSEE, FL

2017 MAY - 8 PM

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

WEB MY MONEY 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 JANUARY 17, 2017 and assigned
Florida document number L17000013785.

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

FRANCISCO JOSE GUTIERREZ

New Registered Office Address:

10595 NW 57TH STREET

Enter Florida street address

DORAL

City

, Florida 33178

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	FRANCISCO JOSE GUTIERREZ	10595 NW 57TH STREET	<input checked="" type="checkbox"/> Add
		DORAL, FL , 33178	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

THE NAME ON THE COMPANY'S RECORDS IS FRANCISCO J GUTIERREZ JR, NAME ON MY ID IS

FRANCISCO JOSE GUTIERREZ, AND THUS BANKS WILL NOT LET ME OPEN A BANK ACCOUNT

UNLESS MY NAME IS SPELLED EXACTLY AS IT APPEARS ON MY ID. I WOULD LIKE TO ADD

MY EIN TO THE COMPANY'S RECORDS EVEN THOUGH I AM THE ONLY MEMBER OF THE LLC.

EIN: 82-0794637

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

May 3rd, 2017 05/03/17.

Signature of a member or authorized representative of a member

FRANCISCO JOSE GUTIERREZ

Typed or printed name of signer