

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000086797 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617~6383

From:

Account Name : GREENSPOON MARDER, P.A.

Account Number : 076064003722 Phone : (888)491-1120 Fax Number : (954)343-6962

Enter the small address for this business entity to be used for future annual report mailtags. Mater only one email address please.

Email Address:		
----------------	--	--

117 LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WEB PRESENCE EXPERTS, LLC

Certificate of Status	1)
Certified Copy	0
Page Count	10
Estimated Charge	\$25.00

MAR 3 0 2017

S. YOUNG

Electronic Filing Menu

Corporate Filing Menu

Help

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

		ction 605,0209, F.S., this document is being submitte	•	~		
<u>FIRS</u>	$\underline{\mathbf{r}}$: The \mathbf{r}	name of the limited liability company is: WEB P	RESENCE EXPERIS, LLO	<u> </u>		
	SECOND: The Florida Document number of the limited liabil THIRD: Document to be corrected is: ARTICLES C		olity company is: L17000064125 OF ORGANIZATION			
	!	(CHECK THE APPROPRIATE BOX AND COM	PLETE THE APPLICABLE STATEMI	<u>ent</u>		
×	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:					
		e name of the Manager is missp	***			
	The	e correct name of the Manager i	s: RTB Consultants, LLC	and the state of t		
	al delication to the party of t		The second secon	ell-des la 1000/FF A appendage de player		
	<u>OR</u>			2 2 3		
	Was o	defectively signed. The manner in which the docume lows:	nt was defectively signed and the appropris	R 28		
	OR			## 9: 15		
Ĺ.)		lectronic transmission of the record was defective.				
Samuel .	**	_	3/29/17			
	~~~	Signature of Authorized Representative	3/29/17 Date	<del></del>		
New R I herei provisi obliga reflect	ing the o Legistere by accep ions of a tions of	cw registered agent, if applicable: (NOTE: if correct lesignation).  Ed Agent's Signature, if changing Registered Agent: in the appointment as registered agent and agree to a sell statutes relative to the proper and complete performy position as registered agent as provided for in Cinge in the registered office address, I hereby confirm to	ct in this capacity. I further agree to compl mance of my duties, and I am familiar with hapter 605, F.S. Or, if this document is bein	y with the and accept the ig filed to merely		
		Registered Age	nt's Signature			
		Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)			