# 17000112162

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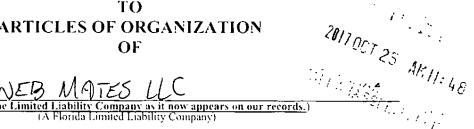
	istration Se ision of Cor			
SUBJECT:	My Web M	ates LLC		
		Name of Lam	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Scott McCandless		
			Name of Person	<del></del>
		My Web Mates LLC		
			Firm/Company	<del></del>
		608 F Street		
			Address	
		Brooksville, FL 34601		
		Scott@MyWebMates.com	City/State and Zip Code	
		= :	to be used for future annual report notif	ication)
For further in	nformation co	oncerning this matter, please ca	all:	
Scott McCan			407 668-3001	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 F	iling 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**



(A	Florida Limited Liability Company)
The Articles of Organization for this Limited Liab Horida document number L17000112162	lity Company were filed on May 22, 2017 and assigned
This amendment is submitted to amend the follow	ng:
a. If amending name, enter the new name of th	e limited liability company here:
N/A	
he new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable	e: <u>N/A</u>
Principal office address MUST BE A STREET A	(DDRESS)
Inter new mailing address, if applicable:	N/A
Mailing address MAY BE A POST OFFICE BO	<u></u>
3. If amending the registered agent and/or	registered office address on our records, enter the name of the
egistered agent and/or the new registered offic	<u> address here</u> :
Name of New Registered Agent:	N/A
New Registered Office Address:	×/Α
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Robert Gordon	735 Fernwood Drive	≅ Add
		Brooksville, FL 34601	Remove
			☐ Change
			🗆 Add
			□ Remove
			Change Dadd
			DiAdd 25
			-El-Change
			Add
			□ Remove
			Change
			□ Add
			□ Remove
			☐ Change
			☐ Remove
			□ Change

•		<u></u>
		<i>'-</i>
		-
tive date if other than th	u date of filing:	(optional)
ffective date is listed, the date m	te date of filing: ust be specific and cannot be prior to date of filing of	or more than 90 days after filing.) Pursuant to 602
	block does not meet the applicable statutory f Department of State's records.	iling requirements, this date will not be list
cord specifies a delaye	ed effective date, but not an effectiv	e time, at 12:01 a.m. on the earli
e 90th day after the re	cord is filed.	
October 23	2017	
1		
Left M	College	
	Signature of a member or authorized representa-	

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Filing Fee: \$25.00