

L18000134467

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LAW OFFICES OF PAUL A. LESTER, P.A.
Account Number : I20110000058
Phone : (305)350-5344
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
WEB DEVELOPMENT SYSTEMS, LLC**

| | |
|-----------------------|---------|
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Corporate Filing Menu

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K. SALY

DEC - 6 2024

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

WEB DEVELOPMENT SYSTEMS, LLC

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

FILED
2024 DEC -5 PM 3:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 5/31/2018 and assigned
Florida document number L18000134467.

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: _____

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

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SECRETARY OF THE
TALLAHASSEE, FLORIDA

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 | BRAXTON MORO | 3337 ROYAL PALM DRIVE | <input type="checkbox"/> Add |
| | | JACKSONVILLE BEACH, FL 32250 | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| MGR | JASON HARTIN | 3337 ROYAL PALM DRIVE | <input type="checkbox"/> Add |
| | | JACKSONVILLE BEACH, FL 32250 | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| AMBR | SARA YUEN | 3337 ROYAL PALM DRIVE | <input type="checkbox"/> Add |
| | | JACKSONVILLE BEACH, FL 32250 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | JOHN-PAUL FUREY | 100 E. PINE STREET, STE 110 | <input checked="" type="checkbox"/> Add |
| | | ORLANDO, FL 32801 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

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

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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 NOVEMBER 26, 2024

[Handwritten signature]

Signature of a member or authorized representative of a member

SEAN MORO

Typed or printed name of signee

H2400040003 L

Filing Fee: \$25.00