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COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	WebSvitt Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Perry F	Richard UG	1 d
	Wer	Suited Firm/Company	
	3259 R	Nev D. Address	
	FOA. Pler	City/State and Zip Code	181
	NKita Co E-mail address: (to be used for future annual report notif	. Conjugation)
For further information of	concerning this matter, please ca	all:	
AKITA Name o	UOLA of Person	at (at Area Code Daytime	S-HILL Telephone Number
Enclosed is a check for t	he 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

L180001604616

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

WebSuited	{	
(Name of the Limited Liability Compan (A Florida Limited Li	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company v Florida document number <u>L18</u> 000160466		and assigned
This amendment is submitted to amend the following:	_	
A. If amending name, enter the new name of the limited liabil	lity company here:	/
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" or the	-1
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		19 CT Th
		92 55 F
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		=====================================
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here:		er the name of the new
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	Enter Florida street address	
	. Florida	
	Ciny	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> MGR	Name Nikita M. Lloyd	Address 3259 River Dr. Fort Plence, FL. 34	Type of Action Add Remove
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an effective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more that tote: If the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.	(optional) n 90 days after filing.) Pursuant to 605.020 irements, this date will not be listed a
e record specifies a delayed effective date, but not an effective time, The 90th day after the record is filed.	at 12:01 a.m. on the earlier o
ated $10 10$ 209	
"	
Signature of a member or authorized representative of a m	

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Filing Fee: \$25.00