

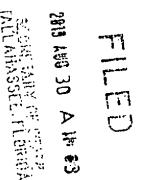
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SEP 1 0 2818

COVER LETTER

Division of Corporations
SUBJECT: MT Web Group IC 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:
Marifer Avery
MT Web GROUP IC
8456 NW 40th ST Address
Cooper City FC 33024 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Marie of Person at (951), 993 3267 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & \Bigcup \\$55.00 Filing Fee & \Bigcup \\$60.00 Filing Fee, Certificate of Status \$\Bigcup \\$ 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

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

MII WEB C	ROUP IIC
(Name of the Limit	(A Florida Limited Liability Company) 2019 AUS 30 A 115 83
The Articles of Organization for this Limited Li	0/ 100 100 100
This amendment is submitted to amend the follo	owing:
A. If amending name, enter the new name of	f the limited liability company here:
The new name must be distinguishable and contain the w	vords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:
(Principal office address MUST BE A STREE	T ADDRESS)
Enter new mailing address, if applicable:	DOV:
(Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>
B. If amending the registered agent and/registered agent and/or the new registered of	or registered office address on our records, enter the name of the ffice address here:
Name of New Registered Agent:	Maria F. Vergara-Avery
New Registered Office Address:	8456 NW 40th ST Enter Florida street address
	Cooper aty Florida 3302 \ 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 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.

Changing Registered Agent, Sepature of New Registered Agent

MGR = Manager AMBR = Authorized Member <u>Address</u> **Type of Action** Title Name AMBR Thomas D. Aver Jr 8456 NW 40th ST □ Add cooper city Fl 33024 ☐ Remove Change maria F. Vergoira-Avery 8456 NW 40th ST Ambr. Change □ Add □ Remove ☐ Change ☐ Add ☐ Remove □ Change _□ Add ☐ Remove _□ Change □ Remove ☐ Change

If amending Authorized Person(s) authorized to manage, enter the true, name, and address of each person

or removed from our records:

ffective date, if other than the date of filing:
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of The 90th day after the record is filed.
Pated
Signature of a member or authorized representative of a member
Maria F. Vergara_Avery Typed of printed name of signee

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

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Filing Fee: \$25.00