

**L210002875889**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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H210002875883ABC8

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To:

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

**\*\*\* RESUBMIT \*\*\***

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REJECTION LETTER**

From:

Account Name : HUBCO  
Account Number : 104662003400  
Phone : (516)935-3940  
Fax Number : (516)935-3088

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

APPROVALS.YES@GMAIL.COM

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
MY WEB LISTS LLC**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$30.00

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7/30/21



July 29, 2021

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

MY WEB LISTS LLC  
16075 SW 112TH TER  
MIAMI, FL 33196US

SUBJECT: MY WEB LISTS LLC  
REF: L21000286689

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Due to transmission problems, your faxed document or coversheet is illegible or incomplete. Please refax the document and cover sheet to this office for processing.

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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

H21000287588

**MY WEB LISTS LLC**

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

The Articles of Organization for this Limited Liability Company were filed on JUNE 18, 2021 and assigned  
Florida document number L21000286689.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

8270 WOODLAND CENTER BLVD  
TAMPA, FL 33614

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8270 WOODLAND CENTER BLVD  
TAMPA, FL 33614

**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:

OLIVIA GILL

New Registered Office Address:

8270 WOODLAND CENTER BLVD

*Enter Florida street address*

TAMPA

Florida

33614

*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.*

*ROZ*  
**If Changing Registered Agent, Signature of New Registered Agent**

**If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:**

H21000287588

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	RAMON WILLIAMS	16075 SW 112TH TER	<input type="checkbox"/> Add
		MIAMI, FL 33196	<input checked="" type="checkbox"/> Remove
AMBR	OLIVIA GILL	8270 WOODLAND CENTER BLVD	<input checked="" type="checkbox"/> Add
		TAMPA, FL 33614	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

H21000287588

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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated JULY 28, 2021



\_\_\_\_\_  
Signature of a member or authorized representative of a member

**OLIVIA GILL**

\_\_\_\_\_  
Typed or printed name of signee

FILED  
 2021 JUL 29 AM 8:00  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA