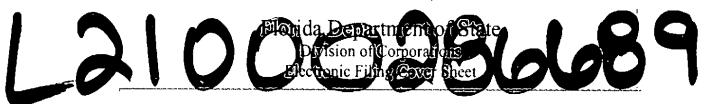
Division of Corporations



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(((H21000287588 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : HUBCO

Account Number : 104662003400 Phone : (516)935-3940

Fax Number : (516)935-3088

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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. → 18506176383

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H21000287588

MY WEB LI (Name of the Limited Liability Compan (A Florida Limited Liability)		on our records.)	
The Articles of Organization for this Limited Liability Company v. Florida document number	were filed on	JUNE 18, 2021	and assigned
This amendment is submitted to amend the following:			2021 SEC
A. If amending name, enter the new name of the limited liabil	lity company he	r <u>r</u> :	JUL 29
The new name must be distinguishable and end with the words "Limited Liabi	lity Company," the c	designation "LLC" or the abt	reviation "H.L.C."
Enter new principal offices address, if applicable:	8270 V	VOODLAND CENT	
(Principal office address MUST BE A STREET ADDRESS)		TAMPA, FL 3361	55
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8270 V	VOODLAND CENT TAMPA, FL 3361	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	;		ne name of the new
Name of New Registered Agent:	<u> </u>	LIVIA GILL	
New Registered Office Address:		_AND CENTER BL	VD
	TAMPA		33614
	City	, Florida	33614 Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of	my duties, and I am fa	miliar with and

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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 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

Title	Name	Address	Type of Action
AMBR	RAMON WILLIAMS	16075 SW 112TH TER	
		MIAMI, FL 33196	Remove
AMBR	OLIVIA GILL	8270 WOODLAND CENTER BLVD	■ Add
		TAMPA, FL 33614	□ Remove
			
			□ Remove
			🗆 Add
			□ Remove
			
			□ Add
			☐ Remove
			_
1-10-70-10-21-2-10-2-1-2-2-1			
			Remove

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ffective date effective date this do	te, if other than the date of ate must be specific, cannot be prior scurrent is filed by the Florida Depa	filing: to date of receipt or filed date and cannot burtment of State)	(optional) e more than 90 days after
	JULY 28		
		RZI_	
	Signature	of a member or authorized representative	of a member
		OLIVIA GILL	
		Typed or printed name of signee	
			NE SE
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Page 3 of 3