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COVER LETTER

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TO:				
		LLC		
SUBJEC	c:	Name of Lin	nited Liability Company	
The enci	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all corresp	ondence concerning this matter	to the following:	
			Kathy Ballain	
		Name of Limited Liability Company ad Articles of Amendment and fee(s) are submitted for filing. In all correspondence concerning this matter to the following: Kathy Ballam		
			Fim/Company	14 □ S60.00 Filing Fee, Certificate of Status &
		34:	19 Galt Ocean Drive Suite A	
			Address	
		1	Fort Lauderdule FL 33308	
			•	
			Kathy Ballam Nume of Person API Processing-Licensing Inc Firm/Company 3419 Galt Ocean Drive Suite A Address Fort Lauderdate FL 33308 City/State and Zip Code kathy@apiprocessing.com E-mini address: (to be used for future annual report notification) als matter, please call: 454 at (
For furth	er information o		•	,
Kathy B	allam	•	(\	
	Name o	if l'erson	Area Code Daytim	e Telephone Number
Enclosed	l is a check for t	he following amount:		
≡ \$25.6	00 Filing Fee	_	Certified Copy	Certificate of Status &

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

Page 3 of 5 H22000243077

WEB AVILLC		Tale of
(Name of the Limited Liability Compar (A Florida Limited L	y as it now appears on our shility Company)	معمد المستحر المستحر
The Articles of Organization for this Limited Liability Company virilated document number L22000210254	were filed on <u>05/03/2022</u>	alid assigned
This amendment is submitted to amend the following:		5
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ry Company," the designation	n "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 adgent and/or the new registered office address here:	ldress on our records,	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
		, Florida
Now Westernand Amends Commencer of the contract of the	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been position in a writing of this above.	erformance of my duti ovided for in Chapter ddress, I hereby confit	es, and I am familiar with and 605, F.S. Or, if this document is

company has been notified in writing of this change,

Page 4, of 5
If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: H22000243077

MGR≃ Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Lenin Thompson	5935 Riverside Avenue	= Add
		Tamarac FL 33321	. Remove
		· .	□Change
			□Add
			🗆 Remove
			Change
			🗀 Add
		· · · · · · · · · · · · · · · · · · ·	□Remove
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Effecti	ve date, if other that entive date is listed, the dat	the date of filing	3;	J. I C. C. V	(option	al)
Note:	If the date inserted in the ent's effective date on t	iis block does not π	neet the applicab	le statutory filing	requirements, this o	ate will not be listed
	l specifies a delayed eff	ective date, but not	an effective time	e, at 12:01 a.m. on	the earlier of: (b)	The 90th day after th
rd is fik	eu.					
	L					
Dated		· · · · · · · · · · · · · · · · · · ·	<u>() / </u>	•		
Dated _			111			n -
Dated _		Signature a Entir	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	ed representative of	8721	722

Typed or printed name of signee