

L22 000 247 381

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

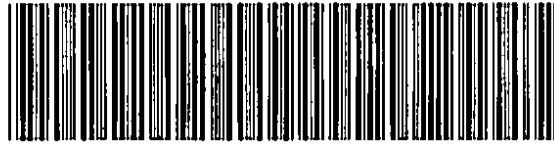
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CLERK OF COURT  
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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: WEBBHEADZ MEDIA GROUP LLC  
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:

HENRY VIERA  
Name of Person

WEBBHEADZ MEDIA GROUP LLC  
Firm/Company

8446 SE WOODCREST PLACE  
Address

HOBE SOUND, FL 33455  
City/State and Zip Code

WEBBHEADZ@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

22 SEP -9 PM 1:38

RECEIVED  
DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

STEPHEN VIERA at (401) 524-6855  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**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**

WEBB HEARTZ MEDIA GROUP 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 Dec-17-2022 and assigned Florida document number 122000247381.

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 contain the words "Limited Liability Company," the designation "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 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:

Herdi Viera

New Registered Office Address:

8446 SE WOODCREST PLACE

Enter Florida street address

HOBE SOUND

Cir

Florida

33455

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.

Herdi Viera

**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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	HEIDI VIERA	8446 SE WOODCREST DR	<input type="checkbox"/> Add
		HOBE SOUND FL 33455	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	STEPHAN VIERA	8446 SE WOODCREST DR	<input checked="" type="checkbox"/> Add
		HOBE SOUND FL 33455	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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OFFICE OF THE  
CLERK OF THE  
SUPERIOR COURT  
OF THE STATE OF  
FLORIDA  
TALLAHASSEE, FLORIDA

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22 SEP -9 PM 1:38

44-38861-1006-0001-0001

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated SEPT 24, 2022

Heidi

Signature of a member or authorized representative of a member

HEIDI JIERA

Typed or printed name of signee