

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : HARVARD BUSINESS SERVICES, INC.
Account Number : I20080000045
Phone : (302) 645-7400
Fax Number : (302) 645-1280

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

emmitte@alphacreation.llc

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ACC FORMATION LLC**

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$30.00

RECEIVED

2020 NOV 20 PM 1:26

2020 NOV 20 AM 11:18

FILED

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: ACC FORMATION LLC

Enter new principal office 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)

2. The Florida document number of this limited liability company is: M20000006455

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 07/27/2020

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Web Value Solutions LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer 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: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, Florida _____
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.

If Changing Registered Agent, Signature of New Registered Agent

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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Signature of the authorized representative

Emmitte Beard

Typed or printed name of signee

Filing Fee: \$25.00

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Delaware

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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THAT THE SAID "ACC FORMATION LLC",
FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "WEB
VALUE SOLUTIONS LLC" ON THE EIGHTEENTH DAY OF NOVEMBER, A.D.
2020, AT 10:41 O'CLOCK A.M.



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SR# 20208434147

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 204108208
Date: 11-18-20

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STATE OF DELAWARE**CERTIFICATE OF AMENDMENT****OF****ACC FORMATION LLC**

FIRST: The name of the Limited Liability Company is: **ACC FORMATION LLC**

SECOND: The Certificate of Formation of the Limited Liability Company is hereby amended as follows:

RESOLVED, that the Certificate of Formation of the Limited Liability Company be amended by changing the article thereof numbered "FIRST" so that, as amended said Article shall be and read as follows:

FIRST: The name of the Limited Liability Company is:

Web Value Solutions LLC

IN WITNESS WHEREOF, said **ACC FORMATION LLC** has caused this certificate to be signed by its Authorized Person this 14 day of November, 2020.

BY:  - Signature

Name: Emmitte Beard - Print Name
Authorized Person

State of Delaware
Secretary of State
Division of Corporations
Delivered: 10:41 AM 11/18/2020
FILED: 10:41 AM 11/18/2020
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