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SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON

OCT 2 7 2009

EXAMINER

## **COVER LETTER**

TO:. Registration Section

Division of Corporations						
SUBJECT:	NetC	CadPro, LLC				
SUBJECT.	<del></del>	ited Liability Company				
The enclosed Articles of A	mendment and fee(s) are su	bmitted for filing.				
Please return all correspon	dence concerning this matte	r to the following:				
	Rodney Shane Christmas					
		Name of Person				
	NetCadPro, LLC					
		Firm/Company				
	1536 Commercial Park Drive, Suite 7					
		Address				
		Lakeland, FL 33801	·····			
		City/State and Zip Code				
	SCh E-mail address:	ristmas@netcadpro.com (to be used for future annual report no	otification)			
For further information co	ncerning this matter, please	call:				
Rodney	Shane Christmas	at ( 863 )	937-9137			
Name of Person		Area Code & Day	time Telephone Number			
Enclosed is a check for the	e following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status &  Certified Copy (additional copy is enclosed)			
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COU Registration Sec Division of Cor Clifton Building 2661 Executive Tallahassee, FL	porations g Center Circle			

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	NetCadPro, L	LC .				
(Name of the Limited Liai (A Flor	bility Company as i rida Limited Liabilit	t now appe y Company	ears on our re	cords.		
The Articles of Organization for this Limited Liability Florida document number		filed on _	January 2	2nd, 2009	_ and assig	gned
This amendment is submitted to amend the following	ng:					
A. If amending name, enter the new name of the	limited liability c	ompany h	<u>iere</u> :			
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Lia	ability Com	pany," the des	signation "LLC	" or the ab	breviation
Enter new principal offices address, if applicable	<b>:</b>					
(Principal office address MUST BE A STREET A	DDRESS)					
						<u>ت</u>
Enter new mailing address, if applicable:					09 00	SECRI
(Mailing address MAY BE A POST OFFICE BOX	<u></u>			•	<del>걸</del> 2	유 <u></u>
Manning under Eds MITE DE TET COST OF THE EDS	<u> </u>				<del>- 101</del>	<u> </u>
					3	- <del>20</del>
B. If amending the registered agent and/or registered agent and/or the new registered office	egistered office a address here:	ddress on	our record	ls, <u>enter the</u>	name of	the prew
Name of New Registered Agent:						<u></u>
New Registered Office Address:						<del></del>
		i	Enter Florida	street addres	S	
			, F	lorida		
	City	,			Zip Code	
New Registered Agent's Signature, if changing Regis	stered Agent:					
I hereby accept the appointment as registered ag the provisions of all statutes relative to the prope accept the obligations of my position as registere being filed to merely reflect a change in the regis company has been notified in writing of this change	er and complete pe ed agent as provia stered office addre	erformand led for in	ce of my duti Chapter 608	es, and I am , F.S. Or, if t	familiar v his docun	vith and nent is

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

MGR = Manager MGRM = Managing Member **Type of Action Title Address** <u>Name</u> MGR Franklyn A. Hollister 9 Camellia Drive ☐ Add **✓** Remove Winter Haven, FL 33880 ☐ Add Remove ☐ Add Remove Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) October 23rd 2009/ Dated\_ Signature of a member or authorized representative of a member Rodney Shane Christmas

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00