## L03000031675

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* *	(Requestor's Name)	
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	(City/State/Zip/Phone #)	
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	(Business Entity Name)	
	(Document Number)	
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SECRETARY OF STATE DIVISION OF CORPORATION

MAY 2 2 2012 T. HAMPTON

## **COVER LETTER**

Ref Letter# 712A00014264

TO:	Registration Se Division of Cor	ection porations		•
SUBJI	<b>የ</b> ርጥ•	LP	NETS LLC	
30.00	<u>.</u>		ted Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		S	AMARA ANDREADIS	
			Name of Person	
			LP NETS LLC Firm/Company	
		•	i unicompany	
		3601 S	SW 30TH AVENUE, STE 12 Address	
		FORT	LAUDERDALE, FL 33312 City/State and Zip Code	
			INFO@IKATU.US to be used for future annual report notifi	
			·	cation)
For fu	rther information of	concerning this matter, please	call:	
		RA ANDREADIS		584-6175
	Name	of Person	Area Code & Daytim	e Telephone Number
Enclo	sed is a check for t	the following amount:		
	5.00 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
*ch	ick has a	leeady been nece	rived.	(additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



## FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

12 MAY 21 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

May 14, 2012

SAMARA ANDREADIS 3601 SW 30TH AVE UNIT 12 FT LAUDERDLAE, FL 33312

SUBJECT: LPNETS LLC Ref. Number: L03000031685

We have received your document for LPNETS LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 712A00014264

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED SECRETARY OF STATE DIVISION OF CORPURATIONS

12 MAY 21 AH 7: 10

LP NET	S LLC		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appear liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on	08/22/2003	and assigned
Florida document numberL03000031685			
This amendment is submitted to amend the following:		•	
A. If amending name, enter the new name of the limited liab	ility company her	<u>re</u> :	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Compa	ny," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:	3601 SW 30TH AVENUE, STE 12		
(Principal office address MUST BE A STREET ADDRESS)	FORT LAUDERDALE, FL 33312		
	·		
Enter new mailing address, if applicable:	3601 SW 30T	H AVENUE, STE	12
(Mailing address MAY BE A POST OFFICE BOX)	FORT LAUDERDALE, FL 33312		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her  Name of New Registered Agent:		our records, <u>enter t</u>	he name of the nev
New Registered Office Address:	Enter Florida street address		
	, Florida		
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent	i		
I hereby accept the appointment as registered agent and agent the provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	olete performance provided for in C	of my duties, and 1 c hapter 608, F.S. Or,	am familiar with and if this document is

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager

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:

MGRM = 1	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	***************************************		Add
	·		Add Remove
<del></del>			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, ent	ter change(s) here: (Attach additional sheets, if necessary.)	
			SECRETA DIVISION OF 12 NAY 2.
Dated	MAY 21ST	., _2012	RY OF STATE CORPORATION
	June 5 Bignaturi et	a member or authorized representative of a member  JIMMY BAIKOVICIUS  Typed or printed name of signee	 
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00