

LD3000038760

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

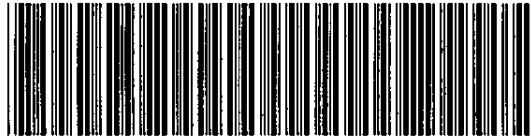
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08 OCT 10 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

OCT 10 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TECH NET, 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:

RICARDO OLIVEIRA

(Name of Person)

TECH NET, LLC.

(Firm/Company)

3700 S. OCEAN BLVD APT 110B

(Address)

HIGHLAND BEACH / FL 33487

(City/State and Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 OCT 10 PM 12:50

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For further information concerning this matter, please call:

RICARDO OLIVEIRA

(Name of Person)

at (561) 703-6853

(Area Code & Daytime Telephone Number)

Enclosed is a check for the 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/COURIER ADDRESS:

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 16, 2008

RICARDO OLIVEIRA
3700 S. OCEAN BLVD. APT 110B
HIGHLAND BEACH, FL 33487

SUBJECT: TECH NET , LLC
Ref. Number: L03000038760

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08 OCT 10 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for TECH NET , LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your entity was administratively dissolved or its certificate of authority was revoked for failure to file the annual report/uniform business report as required by law. To reinstate this entity complete the enclosed application/report form.

The total amount due to reinstate is \$793.75.

Please return 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) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 508A00050335

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

TECH NET, 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 10/10/2003 and signed
Florida document number 403000038760

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08 OCT 10 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

TECH NET HOLDINGS, LLC.

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or an abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

6574 N. STATE ROAD 7
252
COCONUT CREEK FL 33073-3625

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6574 N. STATE ROAD 7
252
COCONUT CREEK FL 33073-3625

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:

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 608, 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)

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:

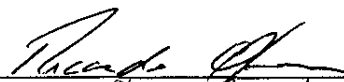
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
PD	RICARDO OLIVEIRA	6574 N. STATE ROAD 7 # 252 COCONUT CREEK FL 33073-3625	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
VP	SUELY DALMASCHIO	6574 N. STATE ROAD 7 # 252 COCONUT CREEK FL 33073-3625	<input checked="" 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

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)

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 08 OCT 10 PM 12:50
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Dated SEPTEMBER 12, 2008


 Signature of a member or authorized representative of a member
RICARDO OLIVEIRA
 Typed or printed name of signee