

LD3000052535

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

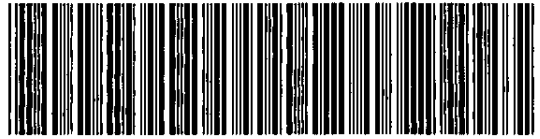
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600163355436

12/07/09--01012--014 **25.00

09 DEC - 7 AM 11:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

N. C. C. DEC - 8 2009

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NETLOJIC, 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:

LARRY ADKINS

Name of Person

Firm/Company

206 TRANQUILITY COVE

Address

ALTAMONTE SPRINGS, FL 32701

City/State and Zip Code

larry@netlojic.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LARRY ADKINS

Name of Person

at (407)

529-5651

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

FILED

09 DEC -7 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
on our records.

(A Florida Limited Liability Company)

Page 1 of 2

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>
_____	_____	_____	<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

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

Dated 12-4-09, _____

FILED
09 DEC -7 AM 11:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Larry Adkins MGRM
Signature of a member or authorized representative of a member
LARRY ADKINS
Typed or printed name of signee