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SECRETARY OF STATE
TALL AHASSEF, FLORIDA

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COVER LETTER

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SURIECT	Γ:	NET	LOJIC, LLC	
SOLGECT			ited Liability Company	
		Amendment and fee(s) are sub	_	
Picase iciu	mi an conespe	ondence concerning this matter	to the following:	
			LARRY ADKINS	
			Name of Person	
			Firm/Company	<u>. </u>
		200	TRANQUILITY COVE	
			Address	
		ALTAM	ONTE SPRINGS, FL 32701 City/State and Zip Code	
			•	
			larry@netlojic.com to be used for future annual report notification)	
For further	r information c	oncerning this matter, please of	all:	
		RRY ADKINS	at (407) 529-565 Area Code & Daytime Telephone	Number
Enclosed is	s a check for th	ne following amount:		
₹ 25,00	Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	0.00 Filing Fee, certificate of Status & Certified Copy additional copy is enclosed)
	Registr Divisio P.O. Bo	ING ADDRESS: ration Section on of Corporations ox 6327 rassec, FL 32314	STREET/COURIER ADDR Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	ESS:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

FILED
09 DEC-7 AM H: 51

NETLOJIC, LLC

NETLOJIC, LLC

TALLAHASS

(Name of the Limited Liability Company as it now appears on our records: FE. FLORIDA

(A Florida Limited Liability Company) 12/12/2003 _ and assigned The Articles of Organization for this Limited Liability Company were filed on _____ L03000052535 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: NETLOJIC INTERNATIONAL, LLC The new name must be distinguishable and end with the words "Limited Liability Company." the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices 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) 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

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 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:

<u>e</u>	<u>Name</u>	Address	Type of Actio
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Filing Fee: \$25.00