## L04000079300

(Requ	uestor's Name)	
(Addr	ess)	
(Addr	ress)	
(City/	State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Busi	ness Entity Nar	ne)
(Doce	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	iling Officer:	

Office Use Only



200240907462

10/18/12--01007--021 \*\*25.00

SECRETARY OF STATE
SIVISION OF CORPORATIONS
ONLY OCT 18 PM 1: 00

C. LEWIS

OCI 1 9 2012

EXAMINER

## **COVER LETTER**

TO:	Registration Sec Division of Corp	ction corations	₩ <mark>C</mark> SA		No.	, · ·	شد تاد		<b>N</b> o	•
SUBĴE	ionia T	HE NETV	VORK OF	PERA	TIONS CI	ENTER I	I.C.			
SORTE	.C1: <u>'</u>	112 112 1			pility Company			M		
The end	closed Articles of A	Amendment ar	d fee(s) are su	bmitted	for filing.				, 1	
Please	return all correspor	ndence concer	ning this matte	r to the f	ollowing:					
Daniel Willmott										
Name of Person										
The Network Operations Center, LLC										
Firm/Company										
10296 Brookville Ln										
Address										
Boca Raton, FL 33428										
City/State and Zip Code										
E-mail address: (to be used for future annual report notification)										
	•		c-maii address:	(to be use	d for muire anni	uai report nound	cation)			
For fur	ther information co	oncerning this	matter, please	call:		•	•			
Daniel Willmott Name of Person			· · - · · · · · · · · · · · · · · · · ·	at ( 561 )	Code & Daytime	716-48				
						•	•			
Enclose	ed is a check for th	e following an	nount:							
\$25	.00 Filing Fee		ling Fee & ate of Status		55.00 Filing Fe Certified Copy (additional cop	/		60.00 Fili Certificat Certified (addition	te of Stat Copy	us & s 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

## ARTICLES OF AMENDMENT

## TO SECRETARY OF STATE ARTICLES OF ORGANIZATION DIVISION OF CORPORATIONS

**OF** 

THE NETWORK OPERATIONS CENTER, LLC

2012 OCT 18 PM 1: 00

(Name of the Limited (A	Liability Compa Florida Limited I	ny as it now appear Liability Company)	s on our records.)		
The Articles of Organization for this Limited L. Florida document numberL04000079		were filed on	11/01/2004	and assigned	
This amendment is submitted to amend the foll  A. If amending name, enter the new name of	<u> </u>	ility company her	ω,		
A. If amending name, enter the new name o	the milited had	mity company nei	<u>c</u> .		
The new name must be distinguishable and end wi "L.L.C."	th the words "Lim	ited Liability Compa	ny," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applic	10296 Brookville Ln				
(Principal office address MUST BE A STREE	Boca Raton, FL 33428				
Enter new mailing address, if applicable:		10296 Brook	/ille Ln		
(Mailing address MAY BE A POST OFFICE	Boca Raton, FL 33428				
B. If amending the registered agent and/ registered agent and/or the new registered of			our records, <u>enter t</u>	he name of the new	
Name of New Registered Agent:	Daniel Willmott				
New Registered Office Address:	10296 Broo	<del></del>			
	-	ter Florida street add	ress		
	Boca Raton		, Florida	33428	
		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 addrest, 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> **Address Type of Action** MGR WOLF, JOHN 20416 SAN RAFAEL COURT ☐ Add Remove **BOCA RATON FL 33498 US** BOHN, MATTHEW MGR 7834 SE HERITAGE BLVD ✓ Add Remove HOBE SOUND, FL 33455. MGR WILLMOTT, DANIEL 10296 BROOKVILLE LN Remove **BOCA RATON, FL 33428** Remove  $\prod \Lambda dd$ Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2012 Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00