# L040000 80299

(D)		
(Re	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	
(Cir	ty/State/Zip/Phon	e #)
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☐ PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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SECRETARY OF STATE

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# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: ITCOM. 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:
Kristin Lawrence (Name of Person)
ITCOM. NET LLC (Firm/Company)
- 814 Village Way
Pum Harlay, FC 34683 (City/State and Zip Code)
For further information concerning this matter, please call:
Kristin Launeure at (818) 416-3851 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee  Certificate of Status  Certificate of Status  Certificate of Status  Certificate of Status  Certificate of Status &  Certified Copy (additional copy is enclosed)  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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ITCOM.NET LLC	-
(Present Name) (A Florida Limited Liability Company)	
•	
FIRST: The Articles of Organization were filed on NOV 5, 2004 and assigned document number <u>L04-000080a-99</u> .	
SECOND: This amendment is submitted to amend the following:	
1) change mailing address:	_
	- 0g
814 village Way	
Falm Harbor, FC 34683	15
<u> </u>	HO E
2) Change of name:	PILED PHILIST OF STATE OF STATE
Kristin Menschik married. New	<b>ア</b> _
name is Kristin Lawrence	
	_
	_
1)   0	_
Dated 11 9 , 2006 .	
TEST OWNERCE Formerly FRVILLINGULE	
Signature of a member or authorized representative of a member	
Kristin Lawrence Famerly Kristin Men:	ichlk
i yped or printed name of signeer	