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SEPREASSEE FLORID

C. LEWIS

OCT 312008

EXAMINER

COVER LETTER

TO: Registration Section · · · · Division of Corporations
SUBJECT: Metro Net Consulting Group UC (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:
Kurt Bierek (Name of Person)
Metro Net Consulting Group UC
12055 Gardy BWd # 265
St. Petersburg FL 33702 (City/State and Zin/Code)
For further information concerning this matter, please call:
Name of Person) at (8)3, 453 – 3845 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status (additional copy is enclosed) Certificate of Status & Certificate 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

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metroNet Ca	onsulting.	Group LALASSER LORIDA					
(<u>Name of the Limited Liability</u> (A Florida I	Company as it now appears Limited Liability Company)	on our records.					
The Articles of Organization for this Limited Liability C	Company were filed on <u>3</u> _4384	200 05 and assigned					
This amendment is submitted to amend the following:		·					
A. If amending name, enter the new name of the limit	ited liability company here	•					
The new name must be distinguishable and end with the wor "L.L.C."	rds "Limited Liability Compan	y," the designation "LLC" or the abbreviation					
Enter new principal offices address, if applicable:							
(Principal office address MUST BE A STREET ADDR	RESS)						
Enter new mailing address, if applicable:							
(Mailing address MAY BE A POST OFFICE BOX)							
B. If amending the registered agent and/or registered agent and/or the new registered office add		ur records, enter the name of the new					
Name of New Registered Agent:	N/ 1						
New Registered Office Address:							
	(Enter Florida street address)						
<u> </u>		, 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>		Type of Action
ngen	. 1201		12055 Gar	dy BNd #265	Add Remove
		stevenson	St. Peters by	9, FL 33702	—
	·.				Add Remove
			•		Add
		·			— Remove
					Add Remove
					Add Remove
					Remove
D. If amend	ling any other in	formation, enter chang	ge(s) here: (Attach addition	onal sheets, if necessary.)	·
_		•			
					_
Dated	0/28	, <u>Ze</u>	×08.		THE DOT 30
	<u> </u>	Signature of a member	er or authorized representative Riecolic	ve of a member	- 1711 - 0
		Type	d or printed name of signee		- TO SO - TO S

Page 2 of 2

Filing Fee: \$25.00