

LD7000011741

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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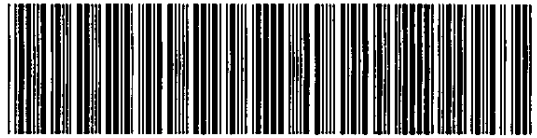
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SEP 29 2009

EXAMINER



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09/28/09--01024--012 \*\*25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
09 SEP 28 PM 4:07

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: NET & COMM 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:

Henri Gonzalez, Esq.

Name of Person

Gonzalez Law

Firm/Company

4000 Ponce de Leon Blvd., Suite 470

Address

Coral Gables, Florida 33146

City/State and Zip Code

hglawoffices@bellsouth.net

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

For further information concerning this matter, please call:

Mario Toll

Name of Person

at ( 305 )

785-3551

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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**NET & COMM LLC**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on February 1, 2007 and assigned  
Florida document number L07000011741.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

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:**

1624 SW 140 Avenue

**(Principal office address MUST BE A STREET ADDRESS)**

Miami, Florida 33175

**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:

Mario Toll

New Registered Office Address:

1624 SW 140 Avenue

*Enter Florida street address*

Miami

, Florida

33175

*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.*

*Mario Toll*  
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:

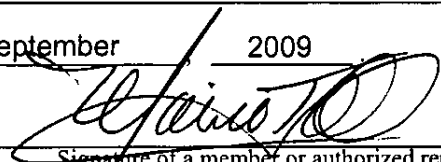
MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Raul Morffi, Sr.	12924 SW 42 Street Miramar, Florida 33027	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Nieves Gonzalez	12924 SW 42 Street Miramar, Florida 33027	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Reyna Dolores Macalao	551 SW 135 Avenue Pembroke Pines, Florida 33027	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Mario Toll	1624 SW 140 Avenue Miami, Florida 33175	<input checked="" 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 19th day of September 2009

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
MARIO TOLL  
\_\_\_\_\_  
Typed or printed name of signee