# L0700004341

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SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON

MAR 2 0 2008

**EXAMINER** 

# **COVER LETTER**

	Registration Section Division of Corporations				
SUBJECT	T: Distnet Enterprises, LLC				
		imited Liability Company)			
ent i					
i ne enclo	sed Articles of Amendment and fee(s) are s	submitted for filing.			
Please retu	urn all correspondence concerning this matt	ter to the following:			
	Norbert Schlottmar	an			
		(Name of Person)			
	Distnet Enterprises	s, LLC			
		(Firm/Company)			
837 Eagle View Drive					
		(Address)			
	Tallahassee, FL 32311				
		(City/State and Zip Code)			
For further	r information concerning this matter, please	e call:			
Norbert	Schlottmann	at (850_) 524-7741			
(Name of Person)		(Area Code & Daytime Telephone Number)			
Enclosed i	s a check for the following amount:				
	Filing Fee \$30.00 Filing Fee &	\$55.00 Filing Fee & \$60.00 Filing Fee,			
¥ \$25.00	Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed)  S60.00 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			



### FLORIDA DEPARTMENT OF STATE Division of Corporations

March 12, 2008

NORBERT SCHLOTTMANN 837 EAGLE VIEW DR TALLAHASSEE, FL 32311

SUBJECT: DISTNET ENTERPRISES, L.L.C.

Ref. Number: L07000041341

We have received your document for DISTNET ENTERPRISES, L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton Regulatory Specialist II Registration/Qualification Section

Letter Number: 608A00015153

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECRETARY OF STATE DIVISION OF CORPORATIONS

Distnet Enterprises, LLC

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

(A Florida Limited Liability Company)

(A Flor	ida Limited Liability Company)	Trecords.)
The Articles of Organization for this Limited Liabili	ty Company were filed on 4/18/200	7 and assigned
Florida document number <u>L07000041341</u>		
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
Sharper Tech, L.L.C.		
The new name must be distinguishable and end with the L.L.C."	words "Limited Liability Company," the	designation "LLC" or the abbreviation
B. If amending the registered agent and/or re registered agent and/or the new registered office a		ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Flo	rida street address)
		_, 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 Title <u>Name</u> <u>Address</u> Type of Action ☐ Add Remove ☐ Add ☐ Remove Add Remove ∏Add Remove Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Norbert Schlottmann Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00