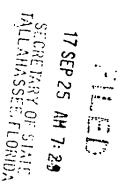
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Network Supplement	ort Sorcialists LLC of Limited Liability Company
The enclosed Articles of Amendment and fee(s) a	 
Please return all correspondence concerning this	matter to the following:
	Linda Baber Name of Person
Network	Support Specialists, LLC Firm/Company
4 Aiden	Address
Palm Be	City/State and Zip Code
david line	dress: (to be used for future annual report notification)
For further information concerning this matter, p	lease call:
Linda Baber Name of Person	at (561) 596-3725 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee	& □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, atus Certified Copy Certificate of Status & (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
i diteriorite, i di 243 i i	Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Natwork Su	port Specialists, LLC
(Name of the Limb	(A Florida Limited Liability Company)
The Articles of Organization for this Limited L. Florida document number $\frac{1}{2}$	iability Company were filed on 9 22 2017 and assigned
This amendment is submitted to amend the following	owing:
A. If amending name, enter the new name of	f the limited liability company here:
LUCCa Properties  The new name must be distinguishable and contain the	Vords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applie	rable:
(Principal office address MUST BE A STREE	ET ADDRESS)
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)	BOX)
B. If amending the registered agent and registered agent and/or the new registered o	or registered office address on our records, enter the name of the new
Name of New Registered Agent:  New Registered Office Address:	17 SEP SECRETATIA
THE	Enter Florida street address  Florida  City  Registered Agent:
New Registered Agent's Signature, if changing	City  Registered Agent:
	ed agent and agree to act in this capacity. I further agree to comply with the error and complete performance of my duties, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

accept the obligations of my position as registered agent as provided for in Chapter 605, 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: MGR = Manager AMBR = Authorized Member <u>Title</u> Name **Address Type of Action** □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change \_□ Add ☐ Remove \_ Change \_□ Add □ Remove ☐ Change □ Add □ Remove

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	ate must be specific and can this block does not meet	not be prior to date of filing of the applicable statutory for records.		ng.) Pursuant to 605.0
record specifies a de ne 90th day after th		e, but not an effectiv	e time, at 12:01 a.n	ı. on the earlie
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Page 3 of 3

Filing Fee: \$25.00