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EXAMINER



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SECRETARY OF STATE DIVISION OF CORPORATION

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Networks, 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:
Richard Thomas (Name of Person)
The Momas Anderson Group, LLC
PO Box 2346 (Address)
Fort Myers Beach, FL 33932 (City/State and Zip Code)
For further information concerning this matter, please call:
Richard Momas at (239) 789-5232 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) \$55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed)
MANUNCARRESCO CERTIFICATION ARRESCO.

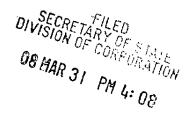
MAILING ADDRESS:

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



(Name of the Limited I	H Networks Liability Company as it now appears on of Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Lia		22-07 and assigned
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of the new name must be distinguishable and end with "L.L.C." B. If amending the registered agent and/or registered agent and/or the new registered office.	the words "Limited Liability Company," t	
Name of New Registered Agent: New Registered Office Address:	(Entor E	Florida 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 **Type of Action** <u>Title</u> <u>Address</u> <u>Name</u> Remove Add Remove Add Remove Add Remove \Box Add Remove Add 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 Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00