

L08000081859

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

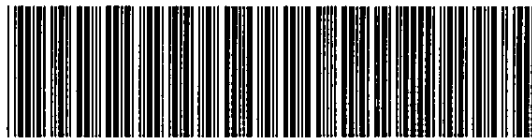
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100181020601

05/20/10--01009--011 **25.00

FILED
2010 MAY 20 PM 4:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

MAY 21 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Esave Net, 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:

Frank Friedland

Name of Person

Esave Net, LLC

Firm/Company

19090 Two River Lane

Address

Boca Raton, FL 33498

City/State and Zip Code

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

For further information concerning this matter, please call:

Michael Chasan

Name of Person

at (754)

264-2909

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

FILED

2010 MAY 20 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Esave Net, 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 August 27, 2008 and assigned
Florida document number L08000081859.

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:

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

19090 Two River Lane

Boca Raton, FL 33498

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

19090 Two River Lane

Boca Raton, FL 33498

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:

Frank Friedland

New Registered Office Address:

19090 Two River Lane

Enter Florida street address

Boca Raton

City

Florida

33498

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	Name	Address	Type of Action
MGRM	Michael Chasan	21717 Hammock Points Drive Boca Raton, FL 33433	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input 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

4/14/2010

Signature of a member or authorized representative of a member

Frank Friedland

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 MAY 20 PM 11:40

FILED

April 14, 2010

Michael Chasan
21717 Hammock Points Drive
Boca Raton, FL 33433

Re: Company Name: Esave Net, LLC a.k.a. Esave Dot Net, LLC
EIN: 26-3245127

To: IRS

My name is Michael Chasan, Manager-Member of the above-referenced:
Esave Net, LLC a.k.a. Esave Dot Net, LLC ("Company").

Please be advised that effective immediately, I am resigning from my position and terminating my relationship with Company. Please remove all my details as contact representative of Company. My personal information is as follows:

Name: Michael Chasan
Address: 21717 Hammock Points Drive
Boca Raton 33498
Phone#: (754) 264-2909
S.S. #: 769-20-3149

The new contact information for Company should be changed to:

Name: Frank Friedland
Address: 19090 Two River Lane
Boca Raton, FL 33498
Phone#: 561-901-2324
S.S. #: 118-76-9323

Sincerely,



Michael Chasan

Date: 



Frank Friedland

Date: