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SECRETARY STATE

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T. HAMPTON
MAY 2 0 2010
EXAMINER

COVER LETTER

TO:	Registration Section Division of Corp			
SURÎF	CT. INTERNET	ENTERPRISES LLC.		
SUPUL			ted Liability Company	Ministral of 1974 A Salas St. Nagara and access to the
The end	losed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please:	return all correspon	dence concerning this matter	to the following:	
			ROBERT EGOZI	
			Name of Persón	
INTERNET ENTERPRISES LLC,				
Firm/Company				and the control of the state of
		204	6 MCKINLEY ST. UNIT # 4	
			Address	, , , , , , , , , , , , , , , , , , ,
	HOLLYWOOD, FL 33020			
City/State and Zip Code				The state of the s
RDEBUSINESS@AOL.COM E-mail address: (to be used for future annual report notification)			and a 10 th the second and the secon	
For fur	her information cor	ncerning this matter, please co		I(N))
	ROBERT	EGÖZI	at ()305-527-58	387
	Name of I	Person	Area Code & Daytime T	elephone Number
Enclose	d is a check for the	following amount:		
⊠ \$ 25.	00 Filing,Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INTERNET ENTERPRISES LLC.		
(Name of the Limited Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company were filed on Florida document numberL088000099578	10-22-08	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company he	<u>re</u> :	
The new name must be distinguishable and end with the words "Limited Liability Comp"L.L.C."	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u>C</u> 3
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 registered agent and/or the new registered office address here:	our records, <u>enter t</u>	MAY 19 Ph 13 15 ORATIO the new
Name of New Registered Agent:		
New Registered Office Address:	nter Florida street add	ress
	, Florida	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment us 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.

City

Zip Code

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 Address Type of Action Name MGRM MOISES D. EGOZI 2046 MCKINLEY ST. UNIT #4 ☐ Add Remove HOLLYWOOD, FL 33020 ☐ Add Remove Add ☐ Remove Add Remove $\prod Add$ Remove □Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **MAY 14** 2010 Dated Signature of a member or authorized representative of a member ROBERT EGOZI Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00