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JUN 1 1 2014

T. BROWN

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Tech Net Productions 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:
Joanne Rysso
Tech Net Productions
1200 N Federal Hway/STE200
Boca Raton FC City State and Zip Code
Toanneotechnet Productions, Com E-mail address. (to be used for future annual report notification)
For further information concerning this matter, please call:
Joanne Russo at (954) 624-5312 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \tag{\$55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \tag{\$60.00 Filing Fee. 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

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ARTICLES OF C	PRGANIZATION WAY CA
O	F TO THE STATE OF
(Name of the Limited Liability Compa (A Florida Limited I	PRGANIZATION F All Company A
The Articles of Organization for this Limited Liability Company Florida document number <u>LO900015158</u> .	were filed on FCB 16, 2009 and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:
The new name must be distinguishable and end with the words "Limited Liab	ility 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)	1200 N Federal Hway Boca Raton, Fl
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1200 NFederal Hway Suite 200 Boca Raton, FL
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	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 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 Changing Registered Agent, Signature of New Registered Agent

Page Y of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

AMBR = 1	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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	by the Florida Department of State)	Zamot ne mate that 70 days arei
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Page 3 of 3

Filing Fee: \$25.00