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EXAMINER



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FILEU 11 APR -8 PH 5: 02 SECRETARY OF STATE

COVER LETTER

Division of Co	rporations					
SUBJECT:	LBHC	OSTING LLC				
Sobolic I.		ited Liability Company				
The enclosed Articles of	f Amendment and fee(s) are sui	omitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
	Igor Ljubonjic					
Name of Person						
LBHosting						
		Firm/Company				
Address .						
	2637 E Atlantic Blv	rd #15570, Pompano Beac	ch, FL, 33062			
		City/State and Zip Code				
	E-mail address: (igor@lbhosting.com to be used for future annual report not	ification)			
For further information	concerning this matter, please of	eali:				
lg	or Ljubonjic	at (_727)	916-7405			
Name (of Person	Area Code & Daytin	me Telephone Number			
Enclosed is a check for t	the following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
MAII	ING ADDRESS:	STREET/COUR	UER ADDRESS:			

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	LBHOST					
(Name of the Limite	d Liability Comp a A Florida Limited I	ny as it now appear Jiability Company)	rs on our records.			
		,				
The Articles of Organization for this Limited I	iability Company	were filed on	07/20/2009	and assigr	ied	
Florida document numberL090006	9321					
This amendment is submitted to amend the fol	lowing:					
A. If amending name, enter the new name (of the limited liab	ility company her	<u>.e</u> :			
The new name must be distinguishable and end w "L.L.C."	ith the words "Limi	ited Liability Compa	nny," the designation "I	LC" or the abb	reviation	
Enter new principal offices address, if applicable:		2637 E Atlantic Blvd #15570				
(Principal office address MUST BE A STRE	ET ADDRESS)	Pompano Beach, FL, 33062				
		*****		· · · · · · · · · · · · · · · · · · ·	~	
Enter new mailing address, if applicable:		2637 E Atlantic Blvd #15570				
(Mailing address MAY BE A POST OFFICE BOX)		Pompano Beach, FL, 33062				
		· · ·				
B. If amending the registered agent and registered agent and/or the new registered o			our records, <u>enter t</u>	he name of t	he new	
		•		11 AI SECF		
Name of New Registered Agent:				APR CRET	. I [
New Registered Office Address:	2637 E Atla	ntic Blvd #1557		ARY ARY		
		En	ter Florida street add			
	Pon	npano Beach	, Florida	2330 ee		
City Self-Co.				ZHCOR.		

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 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		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	.		Add Remove
			Add Remove
			Add Remove
	· 		Add Remove
	 		Add Remove
			Add Remove
D. If ame	nding any other information, enter chang	c(s) here: (Attach additional sheets, if necessary.)	
_			
Dated	4-4)11.0	
	27UBONE'C	or authorized representative of a member / G O C or printed name of signee	-

Page 2 of 2

Filing Fee: \$25.00