109000072194

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COVER LETTER

TO: Registration Section
Division of Corporations

Network Technology Investments, 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:

Chip Simmons

Name of Person

Network Technology Investments, LLC

Firm/Company

1608 S. Ashland Avenue #81355

Address

Chicago, IL 60608

City/State and Zip Code

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

For further information concerning this matter, please call:

Chip Simmons

Name of Person

,,,733 \565-6536

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)

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

Network Technology Investments, LLC

(Name of the Limited Liabil (A Florid	ity Company as it now appears on a Limited Liability Company)	our records.)		
The Articles of Organization for this Limited Liability Florida document number L09000072194	Company were filed on 07/28.	/2009	and assigne	:d
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the li	mited liability company here:			
The new name must be distinguishable and end with the w "L.L.C." Enter new principal offices address, if applicable:	vords "Limited Liability Company,"	the designation "LLC"	or the abbre	viation
(Principal office address MUST BE A STREET ADD) DECC)	: 15 34.0	. <u>F3</u>	—
Trincipus office quaress MOST BE A STREET ADE	TRESSI	9 → 90 1 → 60 20 → 60	1 175 DE	
			- 	
		* * * * * * * * * * * * * * * * * * *	25 (3)	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)			345	سمین دری <mark>ا ک</mark>
		1 17) 17)	~ ~	
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B. If amending the registered agent and/or registered agent and/or the new registered office ad		ecords, enter the na	ime of the	e new
registered agent and/or the new registered office ad	<u>uress nere</u> .			
Name of New Registered Agent:				
New Registered Office Address:				
	Enter F	lorida 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u> MGR	Name Aleksandr Kruchinin	Address 1608 S. Ashland Avenue #81355	Type of Action Add
		Chicago, IL 60608	Remove
MGR	Chip Simmons	1608 S. Ashland Avenue #81355	
		Chicago, IL 60608	Remove
			Add
			Remove 25
		1.2	55 Add
			Remove
			Add
			Remove
			Add
			Remove

. If amending any other information, er	nter change(s) here: (Attach additional sheets, if necessary.)
· · ·	
November 21st	<u>, 2013 </u>
Aldrands Ku	chnin
	f a member or authorized representative of a member
Aleksandr Kruchinin	
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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