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EXAMINER



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FEORETARY OF STATE
ALLAHASSEE, FLORIDA

COVER LETTER

TO:	Registration S Division of Co		•,		
SUBJE	ECT:	Cloudn	et Access LLC		
	· ·	Name of Lim	ited Liability Company		
		of Amendment and fee(s) are sulpondence concerning this matter	_		
			Raymond Cannon		
			Name of Person		
		(Cloudnet Access LLC		
			Firm/Company		
			P.O. Box 71		
			Address	•	
		Cr	ystal Beach, FL 3468 City/State and Zip Code	1	
		rcanno E-mail address: (on@crystalbeachweb. to be used for future annual rep	com	
For fur	ther information	concerning this matter, please of	·		
	Rav	mond Cannon	at (727)	786 8049	9
		of Person	Area Code &	Daytime Telephone	
Enclose	ed 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 en	nclosed) C	0.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed)
	MAII	LING ADDRESS:	STREET/C	COURIER ADDRI	ESS:

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

Cloud	dnet Access LLC				
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears Limited Liability Company)	on our records.			
The Articles of Organization for this Limited Liability (Company were filed on	01/07/10	a	nd ass	igned
Florida document number L09000078362	<u>_</u> .				
This amendment is submitted to amend the following:					
A. If amending name, <u>enter the new name of the lin</u>	nited liability company here	:			
The new name must be distinguishable and end with the wo'L.L.C."	ords "Limited Liability Compan	y," the designation	"LLC" o	or the a	bbreviation
Enter new principal offices address, if applicable:					
Principal office address MUST BE A STREET ADD	RESS)		Z 0.0	7	
	4 6 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		A S	<u></u>	
			ī A.R A.S.S	2	rioringens promise
Enter new mailing address, if applicable:			E E Y	~	<u>}</u>
Mailing address MAY BE A POST OFFICE BOX)			OF STATE	× 5	T I I
			DA:	<u>છ</u> છ	*
			<i>□[r</i> ;	0	
3. If amending the registered agent and/or registered agent and/or the new registered office add		ır records, <u>ente</u>	the na	ime o	f the ne
Name of New Registered Agent:				,	
New Registered Office Address:					
	Ente	r Florida street a	ddress		
		, Florida _		<u> </u>	
	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, 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
MGRM	John Wattick Jr.	119 Easterly Road North Palm Beach, FL 33408	Add Remove
MGRM	Raymond Cannon	P.O. Box 71 300 Florida Blvd Crystal Beach, FL 34681	Add Remove
	·		Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amendin	ng any other information, en	ter change(s) here: (Attach additional sheets, if necessary.)	_
			-
			- -
Dated	January 18	.,	
-	Raymo Signature of	a member or authorized representative of a member	
	_ 	Raymond Cannon Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00