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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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SEP 22 2010

EXAMINER



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SECRETARY OF STATE

COVER LETTER

TO:	Registration Se Division of Cor				
CURIT	ECT:	Extem	pers.NET LLC	•	
	:	NT CT !	nited Liability Company		
	•	, 3	enggang dia Manaharan Saman Japan Saman Manaharan Saman Sam	Table 1	
The en	closed Articles of	Amendment and fee(s) are su	ibmitted for filing.		
Please	return all correspo	ondence concerning this matte	er to the following:		
		·	Andrew Baisden		
			Name of Person		
			Firm/Company		
	·	1/	601 Alshire Court North		
			Address		
		Tal	llahassee, Florida 32317_		
	naste dat i storiker i u		City/State and Zip Code		
	and the second	-	apb1991@gmail.com (to be used for future annual report no	otification)	
Easter	than infammatian a			om out of	
ror iui	uler mormation (concerning this matter, please	Can.		
		drew Baisden	at (<u>850</u>)	4915992	
	Name o	of Person	Area Code & Day	time Telephone Number	r
Enclos	ed is a check for t	he following amount:	·		
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	sed) Certified	te of Status &

TO:

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

<u>Ex</u>	tempers.NET L	LC ·	
(<u>Name of the Limited Lial</u> (A Flor	ility Company as it no ida Limited Liability C	ow appears on our records.) ompany)	···
The Articles of Organization for this Limited Liabili	ty Company were file	d onNovember 10, 20	09 and assigned
Florida document number L09000108970			
	<u></u>		
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability com	pany here:	
N	lextGen Sites LLC		
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liabil	ity Company," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable	· 	ŢĀ[<i>Oi</i> → ·
(Principal office address MUST BE A STREET AI	DDRESS)	L _A	Ch S
		AS	P
		SEE. F	~ [
Enter new mailing address, if applicable:			A A IVENIANA
(Mailing address MAY BE A POST OFFICE BOX)		LORID	Δ ω
		A	л (5)
			in the second
B. If amending the registered agent and/or re registered agent and/or the new registered office		ress on our records, enter	the name of the new
registered agent and/or the new registered bince	audress Here:		•
Name of New Registered Agent:	South milh	AUSCAD, P.A. C/O EX	Mest H. Kattlinger, III Soite 1200
New Registered Office Address:	pateway Contex	1000 Legion Place	Suite 1200
	,	Enter Florida street ad	ldress
_	orlando	, Florida _	3280 (Zip Code
_	City		Zip Code
New Registered Agent's Signature, if changing Regis	tered 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:

			Add ☐ Remove
			Add Remove
			Add Remove
·			Add Remove
			Add Remove
	·		Add
D. If amend	ding any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	
_	·		
_			
		310	
Dated	September 10, 20	- Roman	

Page 2 of 2

Filing Fee: \$25.00