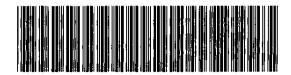
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(Re	equestor's Name)	.
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COVER LETTER

TO: Registration Se Division of Cor	
SUBJECT:	Name of Limited Liability Company
The enclosed Articles of A	Amendment and fee(s) are submitted for filing.
Please return all correspon	ndence concerning this matter to the following:
	Name of Person
	NetSen, LLC Firm/Company
	301 Michigan Are, Apt. 302
	City/State and Zip Code 1 Low Substitute annual report notification) E-mail address: (to be used for future annual report notification)
For further information co	oncerning this matter, please call:
Net Sen Name of	Person at (385) 981-6050 Area Code & Daytime Telephone Number
Enclosed is a check for th	e following amount: \$30.00 Filing Fee & Certificate of Status \$55.00 Filing Fee & Certificate of Status (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & 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

FILED SECRETARY OF STATE INVISION OF CORPORATIONS

·	OF		DIVISION OF CORPORATIONS		
RosuftShir (Name of the Limited Li	+, LLC	-	11 AUG 23	AM Dis 16	
(<u>Name of the Limited Li</u> (A Fl	ability Company as orida Limited Liabili	<u>it now appears on</u> ty Company)	our records.		
The Articles of Organization for this Limited Liab		filed on O3	11/2010	and assigned	
This amendment is submitted to amend the following	ing:				
A. If amending name, <u>enter the new name of th</u>	e limited liability	company here:			
The new name must be distinguishable and end with the "L.L.C."	he words "Limited Li	ability Company,"	the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicabl	le:	301 Mich	igar Aue		
(Principal office address MUST BE A STREET A	4DDRESS)	Apl. 302			
		Miam: B	each, FC	33139	
Enter new mailing address, if applicable:		301 Mich	ijas Ave		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	Man: Bo	each, FL	33139	
B. If amending the registered agent and/or registered agent and/or the new registered office		address on our	records, <u>enter t</u>	ne name of the new	
Name of New Registered Agent:	NetSen				
New Registered Office Address:	301 Mid	igas Ave.	Apt. 302 Florida street addi	ess	
	Micmi Ro	2	Florida	32139	
-	Cit	v	Torida street addi , Florida	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 **Type of Action** Title Address **Name** MGRM Net-Sen, LLC
MGR Lancelot Weverly Francis MGRM Remove Lancelot Waverly Francis Remove ☐ Add ☐ Remove Remove Add □ Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Ne Sen, Life Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00