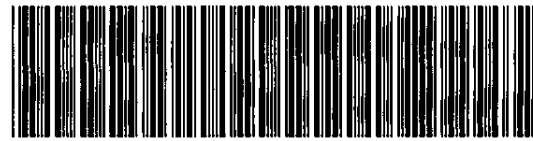


L10000032123



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10/04/10--01036--015 **25.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

L. SELLERS

OCT - 5 2010

EXAMINER

Office Use Only

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 OCT - 4 PM 2:07

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LN Systems Mgmt 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:

Lenard Nelson

Name of Person

LN Systems Commercial LLC

Firm/Company

8208 W Commercial Blvd

Address

Lauderhill, FL 33351

City/State and Zip Code

lenardn@gmail.com

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

For further information concerning this matter, please call:

Lenard Nelson

Name of Person

at (**310**)

365-3987

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)

\$60.00 Filing Fee,
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**

LN Systems Mgmt LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/24/10 and assigned Florida document number L10000032123.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: 1500 W Cypress Creek Rd #107
(Principal office address MUST BE A STREET ADDRESS) Ft Lauderdale, FL 33309

Enter new mailing address, if applicable: 1500 W Cypress Creek Rd #107
(Mailing address MAY BE A POST OFFICE BOX) Ft Lauderdale, FL 33309

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____
Enter Florida street address
 _____, Florida
City _____ Zip Code _____

FILED
 10 OCT - 4 PM 2:00
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

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

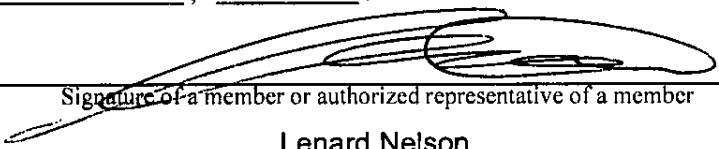
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Wm Paul Bunnell	2400 W CYPRESS CREEK RD 210 FT LAUDERDALE, FL 33309	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Lenard Nelson	3535 S Ocean Dr Apt 602 Hollywood, FL 33019	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated September 28, 2010.



Signature of a member or authorized representative of a member
Lenard Nelson

Typed or printed name of signee