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COVER LETTER

TO: Registration Secti Division of Corpo				
SUBJECT: Ner	t Twage 2 Name of Lim	Holiotions, Ll ited Liability Company	<u></u>	
The enclosed Articles of An	nendment and fee(s) are su	bmitted for filing.		
Please return all corresponde	ence concerning this matte	r to the following:		
	Harol	& K- Nelgon Name of Person	<u>.</u>	
	Net	Name of Person Lynage Solution Firm/Company	9 1	2010 DE
	6029	Java Plour Lu.	[] [] [] [] [] [] [] [] [] []	
	Brade	Java Plan Lu. Address Nton, FL 3420 Sity/State and Zip Code Career bi & Supplementation	3	010 DEC -1 AH 11: 28
-	& taff E-mail address: (City/State and Zip Code Career bi LSUP (to be used for future annual report notifies	port-com	28
For further information conc		·	,	
Harold Nelson Name of Person		at (944) 567-6 Area Code & Daytime	Celephone Number	
Enclosed is a check for the fe	ollowing 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 Sta Certified Copy (additional copy i	
MAILING	: ADDDFSS-	STDEET/COLIDIE	D ADDDESS.	

MAILING ADDRESS:

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

Net Image So	lutions		
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)	·	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on $\frac{a/2}{10}$	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	ility company here:		
The new name must be distinguishable and end with the words "Limit "L.L.C."	ted Liability Company," the designation	"LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
		7	
Enter new mailing address, if applicable:	P.O. Box 20118 Bradenton, FL	97. T. 28	
(Mailing address MAY BE A POST OFFICE BOX)	Bradestou, F4	34204	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	ice address on our records, <u>enter</u>	the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = M MGRM =	lanager Managing Member		
<u>Title</u>	Name	Address	Type of Action
-			Add Remove
			AddRemove
			Add Remove
			Add Remove
			Add Remove
	·		Add Remove
D. If ame	nding any other information, enter chang	e(s) here: (Attach additional sheets, if nece	essary.)
_	Artice III/Purpose : Education (
-	toucation (consultant and Mara	
			ZOIO DEC
Dated	November 29, 10 Signature of a member	or authorized representative of a member	MA I
	Harold	K. Helson or printed name of signee	AHIII 28
		Page 2 of 2	\triangleright ∞

Filing Fee; \$25.00