L10000101879

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2011 AUG 29 RH 1: 19
SECRETARY OF STATE
FAIT AHASSEE, FLORID

C. LEWIS

AUG 3 0 2011

EXAMINER

TO:	Registration Section of Con			
SHRIE	FCT:	NETREZ	LLC	
SUBJ		Name of Lim	ited Liability Company	
The en	closed Articles of	`Amendment and fee(s) are sul	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		7210	Name of Person	······································
			Firm/Company	
		1350 1	U. WELLS ST #	D512
		C441 Cq.	CC FC COC10 City/State and Zip Code	tegger AETMIS. CON
		Account E-mail address: (to be used for future annual report notification	ACTION AENTHES. CON
For fur	ther information o	concerning this matter, please o		
R	Name o	POLLOCK of Person	at (<u>3/2)</u> 9/5-0/0 Area Code & Daytime Tele	phone Number
Enclose	ed is a check for t	he 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)
	Registi	ING ADDRESS: ration Section of Corporations	STREET/COURIER A Registration Section Division of Corporations	

6327 Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301 P.O. Box 6327 Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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ompany as it now appears on our record The Articles of Organization for this Limited Liability Company were filed on Florida document number <u>L10000101879</u> 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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

MGR = Manager

MGRM = Managing Member <u>Title</u> <u>Name</u> Address **Type of Action** 1/515 CAMOEN PARK OR FADD WINDERMERE FL 3478C Remove TLICHARD POLLOGK 1/5/5 CAM DEU BANK DA [] Add WINDERMERE, FL 5/786 BRemove _ ☐ Add Remove Add Remove ∐Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Dated	15	AUGUST 20	1(ARY SSE
	<u> </u>			OF S
		Signature of a member-	or authorized representative of a member	SE SE
		Tuckan	n: Gollock	▶ `

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Filing Fee: \$25.00

Typed or printed name of signee