# L10000116232

(Re	equestor's Name)			
(Ad	ldress)			
(Ad	ldress)			
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Bu	isiness Entity Nam	e)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				





500244078485

01/31/13--01023--019 \*\*25.00

9813 JAN 31 AM 11: 27

C. LEWIS
FEB - 1 2013
EXAMINER

# COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: THEONET AUTO WATION SYSTEMS, 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:
Name of Person
Internet Automation Systems LLC
433 PLAZA REAL SUITE 275
BOCARATON, PL 33432
City/State and Zip Code  TAS YSEMSINC at Grant, Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person  at (56) 989-4649  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{25.00 Filing Fee & Certificate of Status}\$  Certificate of Status \$\times \text{Certified Copy (additional copy is enclosed)}\$  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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

2013 JAN 31 AM 11: 27

Mame of the Limited Liability Comp	PATION SYSTEMS DE C Pany as it now appears on our records.)  TLiability Company)
(A Florida Limited	Liability Company)
The Articles of Organization for this Limited Liability Compare Florida document number 1000011623	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	ability company here:
The new name must be distinguishable and end with the words "Lin"L.L.C."	mited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	423 MAZA LEAL
(Principal office address MUST BE A STREET ADDRESS)	SOITE 275 BOCA LATON PL 33432
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, enter the name of the new ere:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Flouida
<del></del>	, Florida Zin 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:

SECRETARY OF STATE

DIVISION OF CORPORATION

MGR = Manager MGRM = Managing Member

2013 JAN 3 | AM 11: 27

<u>Title</u>	<u>Name</u>	Address	Type of Action
PV	TINA TOBIN	530, N REDEAL HUY	Add
		Sute 150	_ Remove
		BOCARATON PL 33487	<del></del>
<u>PV</u>	DENNIS LOBAIT	TO 433 PLAZA PEAL	
	·	Suite 275	Remove
	·	BOCA RATION, PL 3343	2
	<del></del> _		Add
	•		Remove
	A		_
			Add
			Remove
			_
			Add
			Remove
			Remove

D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
	- CHANGE ADDRESS FOR VICTOR BAUZA SIT		
	TO: 433 PLAZA REAL, SUHE 275 BOCARATON	H	33432
	- Remove concent EIN NUMBER		
Dated _	1/3d13 JW 30, 2013.		
	Signature of a member or authorized representative of a member	<del></del>	
	VICTOR SAUZA	<del></del>	
	Typed or printed name of sign&		
	Page 3 of 3		
	Filing Fee: \$25.00		

DIVISION OF CORFORATIONS