

2110000661260

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

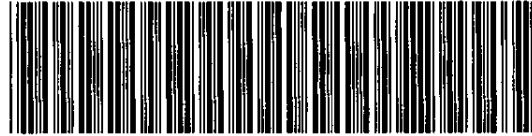
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200241226062

10/29/12--01019--012 **25.00

APPROVED
AND
FILED
12 NOV 26 AM 11:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

DEC 05 2012

EXAMINER

11-26-12



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 16, 2012

JONATHAN NEW
1450 S. MIAMI AVENUE
MIAMI, FL 33130

SUBJECT: NETLAB SYSTEMS IP LLC
Ref. Number: L11000061260

APPROVED
AND
FILED
12 NOV 26 AM 11:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for NETLAB SYSTEMS IP LLC and your check(s) totaling \$25.00. However, the document has not been filed and is being retained in this office for the following:

You failed to make the correction(s) requested in our previous letter.

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

In order for "Net Element International, Inc." to serve as the Registered Agent, it must have a active registration on our records. "See Printout of the rejection letter.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 612A00027664



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 30, 2012

JONATHAN NEW
1450 S. MIAMI AVENUE
MIAMI, FL 33130

SUBJECT: NETLAB SYSTEMS IP LLC
Ref. Number: L11000061260

12 NOV 26 AM 11:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

We have received your document for NETLAB SYSTEMS IP LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 212A00026533

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Net Lab Systems, IP
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:

Jonathan New
Name of Person

Net Lab Systems IP
Firm/Company

1450 S. Miami Avenue
Address

Miami FL 33130
City/State and Zip Code

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

For further information concerning this matter, please call:

Jonathan New at 786 506 5555
Name of Person 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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 NOV 26 AM 11:14

APPROVED
AND
FILED

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Net Lab Systems, LP
(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 _____ and assigned
Florida document number L11000061260

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)

12 NOV 26 AM 11:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

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:

Net Element International, Inc

New Registered Office Address:

1450 S. Miami Avenue

Enter Florida street address

Miami, Florida 33130

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.

[Signature]
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

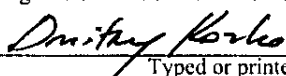
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<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 _____, _____



Signature of a member or authorized representative of a member



Typed or printed name of signee

APPROVED
AND
FILED
12 NOV 26 AM 11:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA