

L12000031452

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

60. Culligan DEC 10 2012

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Cloud Networks, L.L.C

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:

Logan Dickinson

Name of Person

Firm/Company

808 N. Franklin St. Unit 2607

Address

Tampa, FL 33602

City/State and Zip Code

contact@cloudnetworksfl.com

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

For further information concerning this matter, please call:

Logan Dickinson

Name of Person

at (727) 366-1228

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

FILED

2012 DEC -7 PM 12: 33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Cloud Networks, L.L.C.

(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 3/1/2012 and assigned
Florida document number L12000031452.

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)

808 N. Franklin St.

Suite 2607

Tampa, FL 33602

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

808 N. Franklin St.

Suite 2607

Tampa, FL 33602

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:

Logan Dickinson

New Registered Office Address:

808 N. Franklin St., Suite 2607

Enter Florida street address

Tampa

City

Florida

33602

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 = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Joanna Dickinson	2681 N. Flamingo Road #702 Sunrise, FL 33323	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Logan Dickinson	808 N. Franklin St. Suite 2607 Tampa, FL 33602	<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.)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated 12/04/2012, _____.

Signature of a member or authorized representative of a member
Joanna Dickinson

Typed or printed name of signee