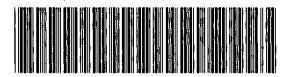
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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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EXAMINER

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT

NetTampa LLC

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:

Michael O'Brien

Name of Person

Zentech, LLC

Firm/Company

3837 Northdale Blvd Suite #128

Address

Tampa, FL 33624

City/State and Zip Code

mobrien@askzentech.com

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

For further information concerning this matter, please call:

Michael O'Brien

,813,**7663861**

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NetTampa LLC		
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.	
(71) fortal bliffied bliffing ool		
The Articles of Organization for this Limited Liability Company were filed	on April 26, 2012	and assigned
Florida document number L12000056498		
Torida document namoci		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability compa	any here:	
Zentech, LLC		
The new name must be distinguishable and end with the words "Limited Liability "L.L.C."	Company," the designation "LLC"	or the abbreviation
Enter new principal offices address, if applicable:	700	3
(Principal office address MUST BE A STREET ADDRESS)		To crass,
	1 	E Labora)
	67.4 61.4	S E
Enter new mailing address, if applicable:	[] 스 고기	≥
	7.2 mg (20.0 (20.0 mg (20.0 mg)))))))))))))))))))))))))))))	
(Mailing address MAY BE A POST OFFICE BOX)	g n	90
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	ess on our records, <u>enter the r</u>	name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
City		ip 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Mar MGRM = M	nager anaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Ada
			Remove
			Add
			Remove
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		31	Remove
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			Remove

lf am	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
d_	11/1/2012
۰.	,
	It track Only as
	Signature of a member or authorized representative of a member
	Michael O'Brien
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE OF STATE

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