

L12000123403

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

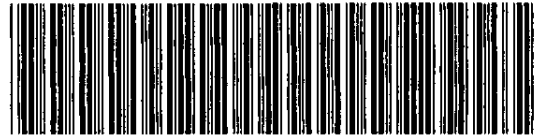
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2013 MAR 25 PM 4:48
TALAPASSEE FLOIDA
SECRETARY OF STATE

MAR 26 2013

D. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 5, 2013

NERY CISNEROS
18836 SW 28 CT
MIRAMAR, FL 33029

SUBJECT: NETNPC LLC
Ref. Number: L12000123403

We have received your document for NETNPC 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):

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: 713A00005163

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SECRETARY OF STATE
TALLAHASSEE FL 32304

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NETNPC 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:

NERY CISNEROS
Name of Person

NETNPC LLC
Firm/Company

18836 SW 28 CT
Address

MIRAMAR, FL 33029
City/State and Zip Code

nerymc@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NERY CISNEROS at (305) 469-4888
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

NETNPC LLC

(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 9/26/12 and assigned
Florida document number L12000123403

This amendment is submitted to amend the following: Add Manager

A. If amending name, enter the new name of the limited liability company here:

Same

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:

Same

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

Same

(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:

Enter Florida street address

_____, Florida _____
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.

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:

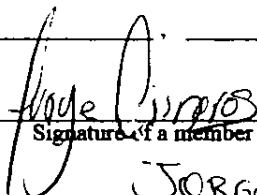
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	NERY PISNEROS	18836 SW 28 CT Miramar, FL 33029	<input checked="" type="radio"/> Add <input type="radio"/> Remove
			<input type="radio"/> Add <input type="radio"/> Remove
			<input type="radio"/> Add <input type="radio"/> Remove
			<input type="radio"/> Add <input type="radio"/> Remove
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			<input type="radio"/> Add <input type="radio"/> Remove

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TALLAHASSEE, FLORIDA
CLERK OF STATE

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

JORGE CISNEROS

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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2018 MAR 25 PM 4:48

CLERK OF STATE
TALLAHASSEE FLORIDA