## L12000125238

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SECRETARY OF STATE TAIL AHASSEE, FLORID

D. BRUCE

OCT 22 2012

EXAMINER

## **COVER LETTER**

TO: Registration S Division of Co				
SUBJECT:		Natos, LLC		
	Name of Lim	ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.		
Please return all corresp	ondence concerning this matte	to the following:		
		Keathel Chauncey		
		Name of Person		
	Fres	sh Legal Perspective, PL		
		Firm/Company		
	1653	6 N. Dale Mabry Highway		
		Address		
		Tampa, FL 33618	\$E <b>12</b>	
		City/State and Zip Code		3
		Contact@BLTFL.com to be used for future annual report notification		
		· · · · · · · · · · · · · · · · · · ·		183
For further information	concerning this matter, please	call:		ר ב
	thel Chauncey	at ( )	FILED  12 OCT 19 PM 12: 23  SECRUTARY OF STATE ALL AHASSEC FLORID  1042	
Name	of Person	Area Code & Daytime Tele	phone Number 35	
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
MAII	INC ADDRESS.	STDEET/COUDIED	ADDDESS.	

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

O Nato	os, LLC			
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now app Liability Company	ears on our records.) /)	<del></del>	
The Articles of Organization for this Limited Liability Compan	ıy were filed on _	October 2, 2012	and assigned	
Florida document numberL12000125238				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company l	i <u>ere</u> :		
OS NET	OS, LLC			
The new name must be distinguishable and end with the words "Lin"L.L.C."	nited Liability Con	npany," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicable:		<u> </u>	· · · · · · · · · · · · · · · · · · ·	
(Principal office address MUST BE A STREET ADDRESS)			12 00 SECRE	
			<u> </u>	
			<b>19 19</b>	<u>&gt;</u>
Enter new mailing address, if applicable:				;6
(Mailing address MAY BE A POST OFFICE BOX)			5	
		· ·	<u> </u>	
			2: 1 W	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he		our records, <u>enter tl</u>	ne name of the new	
registered agent and/or the new registered office address no	<u>1C.</u>			
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 of Managing Member being added or removed from our records:

MGR = Ma MGRM = 1	anager Managing Member		
<u>Title</u>	Name	Address	Type of Action
	****		□ Pamova
	<del></del>		Add Remove
D. If amen	ding any other information,	enter change(s) here: (Attach additional sheets, if nec	FILED 12 OCT 19 PH 12: 23 SECRETARY OF STATE TALLAHASSEELFLORIDA
Dated	October 17		
	Signatur	re of a member or authorized representative of a member	
	Keath	nel Chauncey, Esq. on behalf of Joan Alix Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00