

LB00096235

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

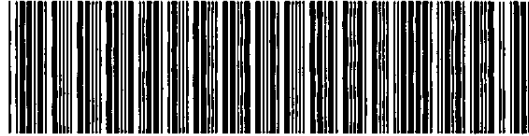
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

**JAN 21 2016
D. BRICE**

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Langenet Integration 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:

Danielle Lange
Name of Person
Langenet Integration LLC
Firm/Company
5000 SE Federal Hwy #25
Address
Stuart, FL 34997
City/State and Zip Code
dlange@offgrid.com.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Danielle Lange at (866) 976-8879
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

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TALLAHASSEE, FLORIDA

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Langenet Integration LLC

The Articles of Organization for this Limited Liability Company were filed on 07/08/13 and assigned
Florida document number L13000096235

Off-Grid Communications LLC

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Danielle Lange (Name Change)	5000 SE Federal Hwy #25 Stuart, FL 34997	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Jeremy Lange's percent of ownership
changed to 60%

Danielle Lange's percent of ownership
changed to 40%

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated January 13th, 2016.

Danielle Lange

Signature of a member or authorized representative of a member

Danielle Lange

Typed or printed name of signee