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SECRETARY OF STATE ALLAHASSEEFFLORIDA

JAM 2.1 2016

## **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	
Stuart, FL 34997	
Stuart, FL 34997  City/State and Zip Code  Jange Goff grid com. net  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:	
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 Certificate of Status  Certificate of Status  Certificate of Status  Certificate of Status  Certificate of Status & Certificate of S	

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

Langenet Int (Name of the Limited Liability (A Florida			<del></del>
(A Florida	Limited Liability Compa		
The Articles of Organization for this Limited Liability Co. Florida document number \( \L \sqrt{1300009623} \)	ompany were filed on	07/08/1	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company	y here:	
Off-Grid Communi		LC	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," t	he designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:			<u> </u>
(Principal office address MUST BE A STREET ADDR)	ESS)		ELAHAN I
Enter new mailing address, if applicable:			20 P
(Mailing address MAY BE A POST OFFICE BOX)			STATE OF THE STATE
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		on our records, <u>er</u>	iter the name of the new
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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Ma AMBR = Au	inager ithorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Danielle Lange	5000 SE Federal Hwy #25 Stuart, Fl 349	∕ □ Add
	(Name Change)	#25 Stuart, Fl 349	97 Remove
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Danielle La	nge's	perc	ente	of	owne	csh
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January 13	th 2	016				
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	ature of a member of	or authorized rena	resentative of a r	nember		

Page 3 of 3

Filing Fee: \$25.00