4/21/2020

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H200001168573)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone : (850)521-0821 Fax Number : (850)558-1515

\*\*Enter the email address for this business entity to be used for future on annual report mailings. Enter only one email address please.\*\*

| Email | Address:   |  |
|-------|------------|--|
|       | VOG! C 22. |  |

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NETPROTECT, LLC

| Certificate of Status | 0      |  |  |
|-----------------------|--------|--|--|
| Certified Copy        | 0      |  |  |
| Page Count            | 03     |  |  |
| Estimated Charge      | S25.00 |  |  |

O SIMMONS

APR 2.2, 2020

Electronic Filing Menu — Corporate Filing Menu

### COVER LETTER

H200001168573

|        | . 1                                |   | COVER DETTER   |                   | H200001   |
|--------|------------------------------------|---|--|-------------------|---|
| TO:    | Registration So<br>Division of Cor | ection  | •  |                   |   |
|        | Netprotect,                        | ПС  |  | ,                 | FILE FIRST  |
| SUBJ   |                                    |   | ited Liability Company   |                   |   |
|        |                                    | Name of Line                                    | ace mainly company   |                   |   |
| The e  | nclosed Articles of                | Amendment and fee(s) are sub-                   | mitted for filing.   |                   |   |
| Please | return all correspo                | ondence concerning this matter                  | to the following.  |                   |   |
|        |                                    | Abel Maury-Diaz                                 |  |                   |   |
|        |                                    |   | Name of Person   | <del>-</del>      | <b>-</b>  |
|        |                                    | J2 Global, Inc.                                 |  |                   |   |
|        |                                    |   | Firm/Company   |                   | _   |
|        |                                    | 700 S. Flower Street, 15th                      | Floor  |                   |   |
|        |                                    |   | Address  |                   | <del>-</del>  |
|        |                                    | Los Angeles, CA 90017                           |  |                   | _   |
|        |                                    |   | City/State and Zip Code  |                   | _   |
|        |                                    | legal@j2.com                                    | to be used for future annual report not                          | (fication)        |   |
| Cor 6  | other information                  | concerning this matter, please c                |  |                   |   |
|        |                                    | concerning this matter, preuse e                | 323 272-6790   |                   |   |
| Abel   | Maury-Diaz                         |   | at (   | The standard      | <del></del>   |
|        | Name                               | of Person                                       | Area Code Daytin   | ne Telephone Numb | er  |
| Enclo  | osed is a check for t              | the following amount.                           |  |                   |   |
| ■ S    | i25.00 Filing Fee                  | □ \$30.00 Filing Fee &<br>Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certifie          | Filing Fee,<br>cate of Status &<br>ed Copy<br>sal copy is enclosed) |
|        |                                    |   | Samuel Adalman   |                   |   |

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Fax Server

## H20000116857 3 ARTICLES OF AMENDMENT 2020 APR 21 AH 11:55 ARTICLES OF ORGANIZATION **OF**

|   |  | 7 × <sub>6</sub>               | 55                   |
|---|--|--------------------------------|----------------------|
| Netprotec   |  |                                | 1.37%                |
| (Name of the Limited Liability Comps<br>(A Fiorida Limited                              | iny as it now appear<br>Liability Company) | s on our records.)             |                      |
| The Articles of Organization for this Limited Liability Company  Torida document number | were filed on                              | August 5, 2014                 | and assigned         |
| his amendment is submitted to amend the following:                                      |  |                                |                      |
| A. If amending name, enter the new name of the limited liah                             | oility company he                          | ere:                           |                      |
| Netprotect VPN, LLC   |  |                                |                      |
| he new name must be distinguishable and contain the words "Limited Liab                 | lity Company," the d                       | esignation "LLC" or the a      | bbreviation "L.L.C." |
| Enter new principal offices address, if applicable:                                     | 700 S. Flower Street, 15th Floor           |                                |                      |
| Principal office address MUST BE A STREET ADDRESS)                                      | Los Angeles, CA 90017                      |                                |                      |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)    | 700 S., Flower S                           | A 90017                        |                      |
| 3. If amending the registered agent and/or registered office                            | address on our r                           | ecords, enter the nar          | ne of the new regis  |
| igent and/or the new registered office address nere:                                    |  |                                |                      |
| Name of New Registered Agent:  N/A  |  |                                |                      |
| N/A   | Enter Flo                                  | rıda street address            |                      |
| Name of New Registered Agent:   | Enter Flo                                  | rida street address<br>Florida |                      |

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

H20000116857 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: 2020 APR 21 AH11:55 MGR = Manager AMBR = Authorized Member Type of Action **Address** <u>Title</u> <u>Name</u> 147 N/A N/A N/A Remove □ Change \_\_ 🗆 Add □Remove Change □Remove Change  $\square$ Add □Remove ☐ Change  $\square$ Add □Remove □ Change □Add □Remove Change

FI20000116857 3

| f amending any other  |                              | 9 ( )             | *7                          | 55   |  |
|---|------------------------------|-------------------|-----------------------------|--|--|
|   |                              |                   | ***                         | 7/1.78   |  |
| <u></u>   |                              |                   |                             |  |  |
|   |                              |                   |                             |  |  |
|   |                              |                   |                             |  |  |
| <del></del>   | <del></del>                  |                   |                             |  | <del></del>                              |
|   |                              |                   |                             |  | <del></del>                              |
|   |                              |                   |                             |  |  |
|   |                              |                   |                             |  |  |
|   |                              |                   |                             |  | <del></del>                              |
|   |                              |                   |                             | <u> </u>   |  |
|   |                              |                   |                             |  |  |
|   |                              |                   |                             |  |  |
|   |                              |                   |                             |  | <del></del>                              |
| <del></del> .   |                              |                   |                             | <u> </u>   | <del></del>                              |
| <del></del>   |                              | ·                 | <u> </u>                    |  |  |
|   |                              |                   |                             |  |  |
|   |                              |                   |                             |  |  |
| <del></del>   |                              |                   |                             |  | <del></del>                              |
|   |                              |                   |                             |  |  |
|   |                              |                   |                             |  |  |
|   |                              |                   |                             |  |  |
| Effective date, if other  | than the date of filing      | g:                |                             | (optional)   |  |
| Effective date, if other if an effective date is listed, the Note: If the date inserted | he date must be specific and | cannot be prior t | o date of filing or more th | an 90 days after filing.) Pursi<br>cirements, this date will r | uant to 605.0207 (<br>not be listed as t |
| document's effective date   | on the Department of S       | State's records.  | ore surraner,, <b>5</b>     | <del></del>  |  |
|   |                              |                   |                             |  |  |
| e record specifies a delaye   | ed effective date, but not   | an effective tir  | ne, at 12:01 a.m. on th     | e earlier of: (b) The 90th                                     | h day after the                          |
| rd is filed.  |                              |                   |                             |  |  |
| Dated   | April 16                     | 2020              |                             |  |  |
| Dated   |                              | ·//               |                             |  |  |
|   | <i></i>                      | Justin            |                             |  |  |
|   |                              | 1 mount           | nzed representative of a    |  | <del></del>                              |