4700006775

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COVER LETTER

Division of Corporations						
NETTILAND						
SUBJECT: Name of Limited Liability Company						
The enclosed Articles of An	mendment and fee(s) are subm	mitted for filing.				
Please return all correspond	ence concerning this matter t	to the following:				
	PETER B WEINTRAUB, I	ESQ.				
		Name of Person				
	WEINTRAUB & WEINTRAUB P.A.					
		Firm/Company				
	2700 N MILITARY TRAIL SUITE 355					
		Address				
	BOCA RATON FL 33431					
	City/State and Zip Code					
	PBW@WEINTRAUBAWFIRM.COM					
	E-mail address: (to	o be used for future annual report notificat	ion)			
For further information con-	cerning this matter, please ca	dl:				
PETER B WEINTRAUB		561 988-6411				
at ()		lephone 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:

TO:

Registration Section

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

NETTILAND LLC		
(Name of the Limited Liability Com (A Florida Limite	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compare Florida document number L17000006775	ny were filed on 1/9/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		7 PH 3: 13
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	Zip Code
	City	up coue

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 = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	MARC E. EPSTEIN	41 WILSHIRE DR.	
		SHARON, MA 02067	∃ Remove
			☐ Change
			□ Remove
			Change
			Add Remove
			☐ Change ☐ ☐ ☐ ☐ Add ☐ ☐ Remove
			☐ Change
			□ Add
			☐ Remove
			Change
			☐ Add
			Remove
			Change

		
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		PH 32
Note: If the date inserted in	date must be specific and cannot be prior to date of filing	(optional) g or more than 90 days after filing.) Pursuant to 605.0207 (3)(by filing requirements, this date will not be listed as the
If the record specifies a d (b) The 90th day after t		ive time, at 12:01 a.m. on the earlier of:
Dated 1/13	, 2017	
	De of Cook Lande Enstern	stative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00