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TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations			
	PLIFICATIONS LLC			
SUBJECT:	Name of Lin	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Lukas Mahoney			
	Name of Person			
	DIRT AMPLIFICATIONS	SLLC		
		Firm/Company		
	3906 Hudson Ln			
		Address	· · · · · · · · · · · · · · · · · · ·	
	Tampa, FL 33618			
		City/State and Zip Code		
	lm34781@gmail.com		-	
For further information c	e-mail address: (to be used for future annual report noti	fication)	
Lukas Mahoney	one of the manner, produce c	813 607-0975		
Name of Person			e Telephone Number	
wane o	r r etson	Area Code Daytim	e Tetephone Number	
Enclosed is a check for the	ne 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)	
Mailing Addres		Street Address:		
Registration S Division of C		Registration Section Division of Corporations		
P.O. Box 632		The Centre of T		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DIRT AMPLIFICATIONS LLC	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on 07/07/2020	and assigned
Florida document number <u>L20000193486</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
Network Source Technologies LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the ab	breviation "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)	
	 .
B. If amending the registered agent and/or registered office address on our records, enter the nam agent and/or the new registered office address here:	e of the new registered
Name of New Registered Agent:	r1.
Name of New Negistered Agent.	2
New Registered Office Address:	
Enter Florida street address	
, Florida	
City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	(I)

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 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>	Address	Type of Action
			□Remove
			Change
			□Add
			Remove
			□Change
			□∧dd
			□Remove
			Change
			□Add
			□Remove
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ffect	ive date, if other than the date of filing: (optional)
an eff	ective 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 605,020
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ent's effective date on the Department of State's records.
recor	d 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
d is fil	
ated	
	ma nover
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00