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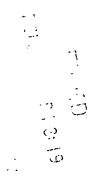
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7/20/21



COVER LETTER

	Registration Se Division of Cor			
CUBICZ		NG GROUP LLC		
SUBJEC	.1;	Name of Lim	ited Liability Company	
The encle	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please ret	turn all correspo	ndence concerning this matter	to the following:	
		FRANCISCO ROSAS		
			Name of Person	
		NETLEASING GROUP L	.LC	
			Firm Company	
		5802 LAKE UNDERHILI	. RD	
			Address	
		ORLANDO, FL 32807		
			City/State and Zip Code	
		thenetcompanies@gmail.co		
		E-mail address: (to be used for future annual report no	dification)
For furth:	er information e	oncerning this matter, please c	all:	
FRANCI	SCO ROSAS		407 730-3112	
	Name o	í Person	at () Area Code Daytii	me Telephone Number
Enclosed	is a check for th	ne following amount:		
■ \$25.0	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 Addres Registration S		<u>Street Address:</u> Registration S	ection
]	Division of C	orporations	Division of Co	orporations
	P.O. Box 632		The Centre of	
	Tallahassee, f	11 02014	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NETLEASING GROUP LLC

(Same of the Elimited Liability Ci	ompany as it now appears on our records.) ited Liability Company)		
The Articles of Organization for this Limited Liability Comp Florida document number <u>L21000269743</u> .	oany were filed on <u>06/10/2021</u>	and ass	igned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here:		
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" o	r the abbreviation "L.	L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
	4 - 1 - 1 		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	***************************************		
			
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, <u>enter th</u>	e name of the nev	v registered
Name of New Registered Agent:			
			
New Registered Office Address:	Enter Florida street address	773	
	Flori	da Zip Code	1
	Chy , Flord	Zip Code	
New Registered Agent's Signature, if changing Registered Ag	gent:	· 3	Ö
New Registered Agent a Signature, it changing Registered Ag			

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 = ManagerAMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	ROSAS, FRANCISCO		
			■Remove
			TChange
AMBR	ROSAS DOBLADO, FRANCISC O		
			□Remove
			TChange
			□Add
			⊟Remove
			\(\sum_\) Change
			□Remove
			□Add
			☐ Add
			□ Change C?
			\(\sum \text{Add} \)
			□Remove
			Change

N/A				
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ctive date, if other than th	e date of filing:		(aptional)	
Effective date is listed, the date in	e date of filing: ust be specific and cannot be prior to should do not specify and cannot be prior to should be specific and cannot be prior to should be specific.	o date of filing or more tha	in 90 days after filing.) P	ursuant to 605.02
ment's effective date on the	block does not meet the applica Department of State's records.	oic statutory thing requ	arements, this date wi	ill not be fisted
ord specifies a delayed effect filed.	ve date, but not an effective tin	ne, at 12:01 a.m. on the	earlier of: (b) The !	90th day after th
ared.				
d	2021	. 11		, - , - ,
M	7	-· //_	(att)	
			Till 1	. — — — — — — — — — — — — — — — — — — —
	Signature of a member or author	ized representation of a m	ember	· · · ·