

1000000000321

Requester's Name
2627 Ives Dairy Rd Ste 100
Address
Aventura, Fl. 33180
City/State/Zip Phone #

600004567566--1
-09/04/01--01074--019
*****25.00 *****25.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

FILED
01 SEP -4 PM 5:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

100-321
OK

Examiner's Initials

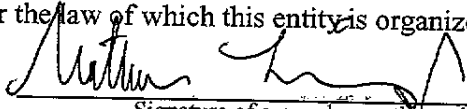
**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO
FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

SECTION I (1-3 must be completed)

1. Name of limited liability company as it appears on the records of the Florida Department of State: ILEAP.NET, LLC
2. Jurisdiction of its organization: Delaware
3. Date authorized to do business in Florida: February 16, 2000

SECTION II (4-7 complete only the applicable changes)

4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? March 12, 2001
5. New name of the limited liability company: ILEAP, LLC
6. If the amendment changes the period of duration, indicate new period of duration: n/a
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: n/a
8. If the amendment corrects any false statement, indicate the statement being corrected and the correction: n/a
9. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of a member or the authorized representative of a member

Nathan Lewinger

Typed or printed name of signee

Filing Fee: \$25.00

FILED
01 SEP -4 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

State of Delaware
Office of the Secretary of State PAGE 1

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "ILEAP.NET, LLC", CHANGING ITS NAME FROM "ILEAP.NET, LLC" TO "ILEAP, LLC", FILED IN THIS OFFICE ON THE TWELFTH DAY OF MARCH, A.D. 2001, AT 12:30 O'CLOCK P.M.



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

3172855 8100

AUTHENTICATION: 1310689

010414205

DATE: 08-23-01

STATE of DELAWARE
CERTIFICATE OF AMENDMENT
OF THE
CERTIFICATE OF FORMATION
OF
ILEAP.NET, LLC

Under Section 18-202 of the Delaware Limited Liability Company Act

The undersigned, being a member of ILEAP.NET, LLC, does hereby certify:

1. The name of the limited liability company is ILEAP.NET, LLC (the "Company").
2. The Certificate of Formation was filed by the Delaware Department of State on February 8, 2000.
3. The Certificate of Formation of the Company is hereby amended such that paragraph (1) thereof shall read in its entirety, as follows:

"(1) The name of the limited liability company is: "ILEAP, LLC."

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Amendment of the Certificate of Formation of the Company this 9th day of March, 2001.

By: 

Name: Nathan Lewinger
Title: Managing Member