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EXAMINER

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SECRETARY OF STATE ALLAHASSEE, FLORIDA

COVER LETTER

TO:	Registration Sect Division of Corpo		•	±
SUBJI	г с т.	OverWat	ch Technologies	
3000	<u></u>		ted Liability Company	
The en	closed Articles of A	mendment and fee(s) are sul	omitted for filing.	
Please	return all correspond	dence concerning this matter	to the following:	
			Keith D. Collins	
			Name of Person	
		Over!	Watch Technologies, LLC	
			Firm/Company	
		2909 We	<u> </u>	
			Address	
			Tampa, FL 33629	
			City/State and Zip Code	
		kcolli	ns@overwatchtech.com to be used for future annual report notifica	
For fur	ther information con	cerning this matter, please of	•	auon)
		D. Collins	at (_813_)8	31-4443
	Name of P	erson	Area Code & Daytime	Telephone Number
Enclos	ed is a check for the	following amount:		
□\$2 5	5.00 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)
	B# 4 TH ENT	C ADDRECS.	STREET/COURSE	D ADDRECC.

MAILING ADDRESS:

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

OVERWATCH TECKNOLOGICA

(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 Liab Florida document number L100000559		were filed on	May 25, 2010	and assigned
This amendment is submitted to amend the follow	_	lity company bo	** 01	
A. If amending name, enter the new name of t	ne ilmited ilabi	нту сотрапу пе	<u>re</u> :	
The new name must be distinguishable and end with "L.L.C."	the words "Limit	ed Liability Comp	any," the designation "LI	C" or the abbreviation
Enter new principal offices address, if applicat	ole:	2909 West B	ay to Bay Blvd	
(Principal office address MUST BE A STREET	Suite 309			
		Tampa, FL 3	3629	
Enter new mailing address, if applicable:		2909 West B	ay to Bay Blvd	
(Mailing address MAY BE A POST OFFICE BOX)		Suite 309		
		Tampa, FL 3	3629	
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:	_		our records, <u>enter th</u>	e name of the new
	2000 West F	Ray to Bay Bly	d, Suite 309 Tampa	EE 336430 mile
New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent's Signature, if cha	Тамро		ter Florida street addre	ZPCODE STORY
I hereby accept the appointment as registered the provisions of all statutes relative to the pro accept the obligations of my position as registe being filed to merely reflect a change in the re	oper and comple ered agent as p	ete performance rovided for in C	of my duties, and I an hapter 608, F.S. Or, ij	n familiar with and f this document is

company has been notified in writing of this change.

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member
Title Name

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Jerome P. Lavely	2909 West Bay to Bay Blvd Suite 309 Tampa, FL 33629	Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter chan	age(s) here: (Attach additional sheets, if necessary.)	
			_
			 _
Dated <u>3</u>	Leith D. (ol.	
	Signature of a member of the state of the st	er or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00