## L11000076146

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**EXAMINER** 



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06/27/12--01012--021 \*\*30.00

SECRETARY OF STATE DIVISION OF CORPORATIONS

## **COVER LETTER**

TO:	Registration So Division of Co			ų vi	
SURJI	FCT•	Stalwart	Green, LLC		57.55
			d Liability Company	***************************************	~ 2 J
The en	closed Articles of	Amendment and fee(s) are subm	itted for filing.		NESSON OF ST. M. W. S.
Please	return all correspo	ondence concerning this matter to	the following:		<b>*</b>
<del> </del>			Robert DeLuca		
			Name of Person		
**************************************			ch Age Group, LLC		
			Firm/Company		
		1	6410 Sapphire St.		
			Address		
		V	Weston, FL 33331		
			City/State and Zip Code		
		Sa Sa	ijo333@gmail.com be used for future annual report		<del></del>
For fu	rther information	concerning this matter, please cal	·	nounçation	
	Ro	obert DeLuca	at ( 954 )	270-9493	
	Name	of Person	Area Code & D	aytime Telephone N	lumber
		the following amount:			
<b>□\$</b> 2	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enc	Ce losed) Ce	00 Filing Fee, rtificate of Status & rtified Copy Iditional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Registration S Division of C Clifton Buildi	orporations ing ve Center Circle	ess:	

## ARTICLES OF AMENDMENT $T \cap$

ARTICLES OF AMENDMENT	Q
ТО	
ARTICLES OF ORGANIZATION	
OF	A COLLEGE
	3
Limited Liability Company as it now appears on our records.)	<b>6</b> 50
(A Florida Limited Liability Company)	J. *
Stalwart Green, LLC Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	

( <u>Name of the Limited</u> (A	Liability Company Florida Limited Lia	as it now appea bility Company)	rs on our records.)	\$ 5. A
The Articles of Organization for this Limited L Florida document numberL11000076		ere filed on	June 29, 2011	and assigned
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name o	f the limited liabili	ty company he	<u>re</u> :	
	Tech Age Grou	up, LLC		
The new name must be distinguishable and end wi "L.L.C."	th the words "Limited	d Liability Comp	any," the designation "Ll	LC" or the abbreviation
Enter new principal offices address, if applic	able:	Same as bef		
(Principal office address MUST BE A STREE	•			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE		Same as bef	ore	<del></del>
B. If amending the registered agent and/registered agent and/or the new registered o		ce address on	our records, <u>enter t</u>	ne name of the new
Name of New Registered Agent:	Same as befo	ore		
New Registered Office Address:	Same as befo	<del></del>		
		E	nter Florida street addr	ess
		Same	, Florida	Same
	C			Zip Code

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 608, 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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
N/A	<del></del>		Add Remove
			Add Remove
			Add Remove
<del></del>			Add Remove
			Add Remove
	<u> </u>		AddRemove
D. If amer	nding any other information, en	ter change(s) here: (Attach additional sheets, if necessary	) - <del></del>
<u>-</u>			
	June 25	2012	<del></del>
Dated		of a member or authorized representative of a member	<u></u>
		Robert DeLuca Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00