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## **COVER LETTER**

	gistration Se ision of Cor			
SUBJECT:		TECHNOLOGY LLC		
Sobobe 1.		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		DANIEL CASTRO		
			Name of Person	<del>,</del>
		ORTZAK TECHNOLOG	YLLC	
			Firm/Company	
		13014 NORTH DALE MA	ABRY STE 623	
			Address	
		TAMPA FL 33618		
			City/State and Zip Code	
		DCASTRO@ORTZAK.CO		
		E-mail address: (	Name of Limited Liability Company  Iment and fee(s) are submitted for filing.  Iment and fee(s) are submitted Liability Company  Iment and fee(s) are submitted for filing.  Iment and fee(s	
For further in	nformation co	oncerning this matter, please co	all:	
DANIEL CA	ASTRO			
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	a check for th	e following amount:		
<b>■ \$</b> 25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy

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

ORTZAK TECHNOLOGY, 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  $\frac{03/19/2012}{1}$ and assigned Florida document number L12000038325 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ORTZAK CONSTRUCTION GROUP LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 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 Changing Registered Agent, Signature of New Registered Agent

If, amending Authorized Person(s) authorized to manage,	enter the title,	name, a	nd address of e	ach person	being added
or removed from our records:					

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
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			Remove
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If amending any other inform		ange(s) here:	(Attach additi	ional sheets,	if neces	sary.)	
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DANIEL CASTRO					F ST/ FL0	2:	

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Filing Fee: \$25.00