

L010 D0018661

Technzone US LLC  
Requester's Name

4209 Kipling Ave.  
Address

Plant City, FL 33567  
City/State/Zip Phone #

500007767865--9  
-09/16/02--01050--014  
\*\*\*\*\*50.00 \*\*\*\*\*25.00

Office Use Only

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

- 1. Technzone US, LLC (Corporation Name) \_\_\_\_\_ (Document #) \_\_\_\_\_
- 2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #) \_\_\_\_\_
- 3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #) \_\_\_\_\_
- 4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #) \_\_\_\_\_

ALPHABETIC  
AND  
FILED  
02 SEP 16 AM 9:28  
SECRETARY OF STATE  
FALL ANNASSEE, 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

**AMENDMENTS**

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

**OTHER FILINGS**

- Annual Report
- Fictitious Name

**REGISTRATION/QUALIFICATION**

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

Examiner's Initials UD  
09-17-02

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

TechZoneUS LLC

(Present Name)  
(A Florida Limited Liability Company)

**FIRST:** The date of filing of the articles of organization was September 12,2002.

**SECOND:** The following amendment(s) to the articles of organization was/were adopted by the limited liability company:

1- The following member has been added to the above Limited Liability Company effective July1st,2002

Grace Varughese  
4209 Kipling Ave  
Plant City, FL 33567

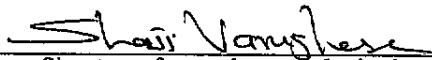
2- The Following member has been removed from the Limited Liability Company effective September 15 th,2002

Shaji Varughese  
4209 Kipling Ave,  
Plant City, FL 33567

02 SEP 16 AM 9:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

Dated September 12,2002, \_\_\_\_\_.



\_\_\_\_\_  
Signature of a member or authorized representative of a member

Shaji Varughese

\_\_\_\_\_  
Typed or printed name of signee

Filing Fee: \$25.00