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SECRETARY OF STATE
TAIL AHASSEE F. STATE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: South Tam! (Name of Limit	PA DEUTSLOPERS LLC ed Liability Company)
The enclosed member, managing member or filing.	manager resignation and fee(s) are submitted for
Please return all correspondence concerning t	his matter to:
Contact Person)	
MILLEONUM INSPECTION (Firm/Company)	n TECHNOLOGIES INC.
3808 W. JAN DICHO	<u>as S</u>
TAMPA FZ 33629 (City/State and Zip Code)	
For further information concerning this matte	r, please call:
(Name of Contact Person)	at (8\3) 250-060 4 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	the Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

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SECRETARY OF STATE

ed Limbility 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 _ 9/19/02 L0200002441 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC "L.L.C." 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) , Florida EL

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>	Name	<u>Address</u>	<u>Ty</u>	pe of	<u>Action</u>
MARM	BARBARUA BELLAY	P.O. BOX 15 TAMPA FL 33601		Add Remo	ve
MGRZM	STEVEN CORPER	4827 SON MIGUEL TAMPA FL 33629		Add Remo	ve
				Add Remo	ve
] Add Remo	ve
				Add Remo	ve
				Add Remo	ve
D. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessar	SECRETARY OF STATE	08 APR 25 PH 12: 48	
Dated	4/11/05 ARRIL 21, 20	r or authorized representative of a member			
	·	Content I or printed name of signee			

Page 2 of 2

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