## 10200030131

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SECRETARY OF STATE TALL AHASSEE, FLORIDA

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M. Thomas JUN 0 6 2008

## **COVER LETTER**

TO: Registration Sec Division of Corp				
SUBJECT: Byte Te	ch. LLC		•	
30bdbc1, <u></u>	(Name of Lim	ited Liability Company)	<del></del>	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspor	dence concerning this matter	to the following:		
	Juan Muzzio			
		(Name of Person)		
	Byte Tech, LLC			
		(Firm/Company)		
	5093 SW 153rd Terrace			
		(Address)		
	Davie, FL 33331		elephone Number)	
		(City/State and Zip Code)	EGG LE	尘
		-U.	が	B
For further information co	ncerning this matter, please c	aii:	Reg 3	
Juan Muzzio		at ( <u>954</u> ) 880-0399	FLOGIE 3	
(Name o	Person)	(Area Code & Daytime T	elephone Number)	
Enclosed is a check for the	e following amount:			
☑ \$25.00 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)	

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

Byte Tech, LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our reted Liability Company)	cords.)
The Articles of Organization for this Limited Liability Comp	pany were filed on November 12,	2002 and assigned
Fiorida document number L02000030131		
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 "."L.L.C."	Limited Liability Company," the des	signation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u>s)</u>	20 y
Enter new mailing address, if applicable:		SECONDA OF
(Mailing address MAY BE A POST OFFICE BOX)		
	<del></del>	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Florida	i street address)
		lorida(Zip Code)
	(City)	(Zip Coae)

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>	Address	Type of Action
MGR	Alejandro D. Alonso Rehor	6101 Blue Lagoon Drive Suite 150 Miami, FL 33126	Add Remove
MGR	Mario A. Pihuala	6101 Blue Lagoon Drive Suite 150 Miami, FL 33126	Add Remove
MGRM_	Alejandro D. Alonso Rehor	5093 SW 153rd Terrace Davie, FL 33331	Add Remove
MGRM	Mario A. Pihuala	5093 SW 153rd Terrace Davie, FL 33331	Add Remove 8
MGRM	Juan Muzzio	5093 SW 153rd Terrace Davie, FL 33331	Add Remove
<del></del>			Add Remove
D. If amendir	ng any other information, enter	change(s) here: (Attach additional sheets, if necessary.)	_
Dated June 2	•	2008	
	Signature of a	member or authorized representative of a member	
	Juan Muzzio	/(14)	
_		Typed or printed name of signee	

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Filing Fee: \$25.00