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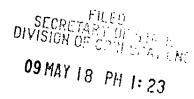
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT:	BANNER TECHNOLOGIES LLC
	Name of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/R	egistered Office Change and fee(s) are submitted for filing.
Please return all correspondence of	concerning this matter to the following:
•	
KRISHN <u>A LO</u>	OMBA
Name of Perso	n
SAREEN & ASSO	CIATES INC
Firm/Company	
10702 VANDO	R LANF
Address	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
MANASSAS, V	Δ 20100
City/State and Zip	
	•
E-mail address: (to be used for future a	innual report notification)
For further information concerning	a this matter, please call
roi furifier information concerning	g uns matter, prease can.
KRISHNA LOOMBA	
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADD	RESS: MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circl	e Tallahassee, Florida 32314
Tallahassee, Florida 32301	
Enclosed is a check for t	he following amount:
\$25 Filing Fee	S55 Filing Fee & Certified Copy

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



BANNER TECHNOLOGIES, 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 Lial Florida document number L030000094		3/17/2003	and assigned			
This amendment is submitted to amend the follow. A. If amending name, enter the new name of the submitted to amend the follow.		<u>y here</u> :				
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability C	ompany," the designation	"LLC" or the abbreviation			
Enter new principal offices address, if applical	ole:					
(Principal office address MUST BE A STREET	ADDRESS)					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Between B. If amending the registered agent and/or registered agent and/or the new registered office.	ox) registered office address					
Name of New Registered Agent: New Registered Office Address:	TERESA LOUISE PHIL		3 Idress			
	BOCA RATON City	, Florida _	33433 Zip Code			
	C.1.y		Lip Coue			

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
MEMBE	TERESA LOUISE PHILLIP	21218 ST ANDREWS BLVD #413 BOCA RATON, FL 33433	☑ Add Remove
MEMBE	TERRA BLAIR	21218 ST ANDREWS BLVD #413 BOCA RATON, FL 33433	Add ☑ Remove
		,	Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ding any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	_
_			
		· · · · · · · · · · · · · · · · · · ·	-
Dated	* 3	Philips	
		r or authorized representative of a member SA LOUISE PHILLIPS	
		or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00