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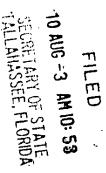
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COVER LETTER

TO: Registra Division	ation Section of Corporations	•
SUBJECT:	Tech	nnigenius, LLC
		mited Liability Company
The enclosed Arti	icles of Amendment and fee(s) are s	submitted for filing.
Please return all o	correspondence concerning this matt	ter to the following:
		Nicholas F Maselli III
	· · · · · · · · · · · · · · · · · · ·	Name of Person
		Technigenius, LLC
		Firm/Company
		4475 N Bacall LP
		Address
	R.F.	EVERLY HILLS, FL 34465
٠.		City/State and Zip Code
	te	echdoode@earthlink.net
For further inform	E-mail address	c (to be used for future annual report notification)
	Nicholas Maselli	at (352) 613-2593
	Name of Person	Area Code & Daytime Telephone Number
Enclosed is a che	ck for the following amount:	
\$25.00 Filing	Fee \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Sectificate of Status & Certified Copy (additional copy is enclosed) 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

FILED

10 AUG =3 AM 10: 53

·	TECHNIGENIUS, LLC	SECRETARY	OF STATE
(Name of the Limited (A	Liability Company as it now appear Florida Limited Liability Company)	a on observed that SSE	E, FLORIDA
The Articles of Organization for this Limited Li Florida document numberL04000055	· · · · —	07/27/2004	and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	the limited liability company her	C:	
	The Techdoode, LLC		
The new name must be distinguishable and end wit "L.L.C."	h the words "Limited Liability Compa	nny," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE	TADDRESS)		
_			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>		<u></u>
B. If amending the registered agent and/or the new registered of		our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:			
New Registered Office Address:		. :	
	En	ter Florida street add	ress
		, Florida	
	City		Zip Code

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

				
				Add Remove
<u> </u>				Add Remove
e de la companya de l			سيد سمهيا ت ي جس حدد	Add Remove
***************************************				Add Remove
				Add Remove
				Add
If amendin	g any other information,	enter change(s) here: (Attack	additional sheets, if necess	:ary.)
			.1.,,	AUG -:
	31 July			LED 3 AM IO: 53 3 AM IO: 53 3 EE, FLORID.
_	A.F. M	e of a megatier or authorized repre	centative of a member	>

Page 2 of 2

Filing Fee: \$25.00