

L05000104519

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

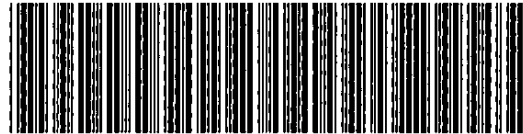
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ACROPLEX TECHNOLOGIES  
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

THEODORE DEVELEGAS  
(Name of Person)

ACROPLEX TECHNOLOGIES LLC  
(Firm/Company)

PO BOX 162382  
(Address)

ALTAMONTE SPRINGS, FL 32716  
(City/State and Zip Code)

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For further information concerning this matter, please call:

THEODORE DEVELEGAS at ( 321 ) 948-1487  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the 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**

**ACROPLEX TECHNOLOGIES**

(Present Name)  
(A Florida Limited Liability Company)

**FIRST:** The Articles of Organization were filed on OCTOBER 25, 2005 and assigned document number L05000104519.

**SECOND:** This amendment is submitted to amend the following:

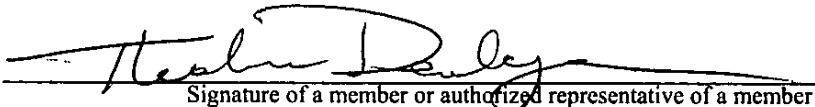
I would like to change the company name from the present name to  
"ACROPLEX" (LLC)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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TALLAHASSEE, FLORIDA

**FILED**

Dated AUGUST 25, 2006.

  
Signature of a member or authorized representative of a member

**THEODORE DEVELEGAS**

Typed or printed name of signee

**Filing Fee: \$25.00**