.L060000047926

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SEGRETATIVE STATE DIVISION OF CORPORATIONS

10 APR -2 PM 4: 88

T. HAMPTON

APR - 5 2010

EXAMINER

COVER LETTER

TO:	Registration Se Division of Con			
SUBJE				
			Technology LLC ted Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
			Lisa Wildman	***************************************
			Name of Person	
Ne		Nex	t Step Technology LLC	
			Firm/Company	· ·
6		63	19 Shadow Tree Lane	
			Address	· · · · · · · · · · · · · · · · · · ·
		1	ake Worth, FL 33463	
			City/State and Zip Code	·· · · · · · · · · · · · · · · · · · ·
lisaawildman@yahoo.com				
			to be used for future annual report notification	on)
For fur	ther information	concerning this matter, please o	all:	
	Li	isa Wildman	at (303) 60°	1-7955
<u></u>	Name (of Person	Area Code & Daytime Tel	ephone Number
Encløs	ed is a check for t	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		tration Section on of Corporations Box 6327	STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

10 APR -2 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

March 16, 2010

LISA WILDMAN 6319 SHADOW TREE LN LAKE WORTH, FL 33463

SUBJECT: NEXT STEP TECHNOLOGY, LLC

Ref. Number: L06000047926

We have received your document for NEXT STEP TECHNOLOGY, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 310A00006513

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Next Step Technolog	y, LLC
(Name of the Limited Liability Company as it no (A Florida Limited Liability C	ow appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were file Florida document numberL06000047926	ed on05/09/2006 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability com	pany here:
The new name must be distinguishable and end with the words "Limited Liabil"L.L.C."	lity Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address here:	PR ORE CORD OF STATE NEW YORK
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
Dia	
City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree to ac the provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as provided being filed to merely reflect a change in the registered office address	formance of my duties, and I am familiar with and d for in Chapter 608, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member <u>Title</u> **Name Address** Type of Action MGRM Lisa A Wildman 6319 Shadow Tree Lane ☐ Add ☑ Remove Lake Worth, FL 33463 ☐ Add Remove □Add Remove Add Remove ∐Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Lisa Wildman

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

Typed or printed name of signce
Page 2 of 2

Filing Fee: \$25.00