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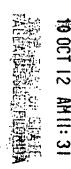
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S. HAWKES0CT 1 3 2010 **EXAMINER**

COVER LETTER

TO;

TO;	Registration S Division of Co			•		
SUBJE	ECT:	Tec	h Nerds LC			
5020	Name of Limited Liability Company					
The en	closed Articles o	of Amendment and fee(s) are sul	omitted for filing.			
Please	return all corresp	oondence concerning this matter	to the following:			
			Robert Collins Name of Person			
			Tech Nerds LC			
			Firm/Company			
17637 sw 20th st						
			Address			
			miramar, fl 33029			
			City/State and Zip Code			
		bernic E-mail address: (dettecollins@hotmail.c	om rt notification)		
For fur	ther information	concerning this matter, please of	call:			
		obert collins	at (_954_)	501-2581		
	Name	of Person	Area Code & I	Daytime Telephone Number		
Enclose	ed is a check for	the following amount:		·		
₹ 25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is en	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327		STREET/Co Registration	OURIER ADDRESS: Section			
		Division of Clifton Build	Corporations			

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Tech N	Nerds LC			
(Name of the Limited Liability Com (A Florida Limite	pany as it now appear d Liability Company)	rs on our records.)	***	
V · · · · · · · · · · · · · · · · · · ·	, ,			
The Articles of Organization for this Limited Liability Compa	ny were filed on	10/06/2006	and assigned	
Florida document numberL06000098188				
This amendment is submitted to amend the following:			87 7	
A. If amending name, enter the new name of the limited li	ability company her	<u>·e</u> :	37 12 11	
Tech Ne	erds LLC			
The new name must be distinguishable and end with the words "Li" L.L.C."	imited Liability Compa	any," 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:	17637 sw 20t	th st		
(Mailing address MAY BE A POST OFFICE BOX)	miramar, fl 33	3029		
B. If amending the registered agent and/or registered		our records, <u>enter</u>	the name of the new	
registered agent and/or the new registered office address h	ere:			
N. CN D				
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	City		Zip Code	
New Registered Agent's Signature, if changing Registered Ages	nt•			

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 = Mar MGRM = M	usger lanaging Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
	· · · · · · · · · · · · · · · · · · ·		Add Remove
			Add Remove
			Add Remove
<u></u>			Add C1 2
			Remove 12 Maria 11: 31
	 		AddRemove
D. If amend	ing any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary	<i>v.)</i>
			
Dated	Dalu 7	Calles	
	-	er or authorized representative of a member Robert Collins Tor printed name of signee	

Page 2 of 2

Filing Fee: \$25.00