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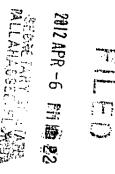
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COVER LETTER

то:	Registration Section Division of Corporations	
SUBJECT: As-Com Technologies, LLC.		
	Name of Limited Liability Company	
The enc	osed Articles of Amendment and fee(s) are submitted for filing.	
Please re	eturn all correspondence concerning this matter to the following:	
	Brendan Norton	
	Name of Person	-
	As-Com Technologies, LLC.	
	· Firm/Company	-
	6001 Thomas Circle	7 CB 23
	Address	Zel APR
	Land O Lakes FL. 34638	
	City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For furth	er information concerning this matter, please call:	150 150 150 150 150 150 150 150 150 150
	Brendan Norton at (813) 428-5858	
	Name of Person Area Code & Daytime Telephone Number	:r
Enclose	d is a check for the following amount:	·
	Of Filing Fee \$\ \times \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	filing Fee, cate of Status & ed Copy onal 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

AC-1000 TIELHUMOLOGIES

(Name of the Limite	d Liability Company a A Florida Limited Liab	s it now appear	s on our records.)		
The Articles of Organization for this Limited L Florida document number L0600011	• • •	re filed on	11-30-2006	and assign	ned
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name o	of the limited liability	company her	<u>e</u> :		
	na			至。 33	
The new name must be distinguishable and end w "L.L.C." Enter new principal offices address, if appli		Liability Compai	ny," the designation "	AHASI -	reviation
• • •	_			<u> </u>	The wealth-set-of
<u>(Principal office address MUST BE A STRE)</u>	<u>ET ADDRESS)</u>			- TO	
	_			55 B	
Enter new mailing address, if applicable:	<u>n</u>	a			
(Mailing address MAY BE A POST OFFICE	BOX)				
B. If amending the registered agent and registered agent and/or the new registered o	-	address on o	ur records, <u>enter</u>	the name of	the new
Name of New Registered Agent:	na				
New Registered Office Address:	na				
		Ent	er Florida street add	dress	
			, Florida		
	\overline{C}	lity		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

Lf amend or Manas	ing the Managers or Managing M ging Member being added or remo	lembers on our records, <u>enter the title, name, and</u> oved from our records:	l address of each Manager
MGR = N MGRM =	Manager = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	James Callaway	13106 Tarpon Springs Road Odessa FL 33556	✓ Add Remove
	-		Add Remove
			Add Remove
			Add Remove
			Add Remove
	ending any other information, ente	er change(s) here: (Attach additional sheets, if neces	ssary.)
-			
-	•		
Dated	-7/	Zm A	
	Signature of a Berna	a member or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00