

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
EXCLUSIVE TRANSPORT SERVICES LLC**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
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Corporate Filing Menu

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G. MCLEOD

JAN 31 2011

EXAMINER

411000024162

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

EXCLUSIVE TRANSPORT SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/4/2006 and assigned
Florida document number L06000115316.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

EXCLUSIVE TECH LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2605 OAKBROOK CT

WESTON, FL 33332

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2605 OAKBROOK CT

WESTON, FL 33332

B. If amending the registered agent and/or registered office address on our records, enter the name of the new
registered agent and/or the new registered office address here: N/A

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida 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

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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. *N/A*

MGR = Manager
MGRM = Managing Member

| Title | Name | Address | Type of Action |
|-------|------|---------|---|
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
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| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated JANUARY 28 2011

X

Signature of a Member or authorized representative of a Member

CARLOS MARRON

Type or printed name of signer

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