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SECRETARY OF STATE ALLAHASSEE, FLORIDA

FMD

COVER LETTER

Division o	on Section f Corporations		
SUBJECT:	ZOLTAR SHSTEMS	nited Liability Company)	
The enclosed Artic	les of Amendment and fee(s) are sub	mitted for filing.	
Please return all co	rrespondence concerning this matter	to the following:	
	<u>ALLIW</u>	M PAGE Name of Person)	
	ZOLTA	R SYSTEMS LLO Firm/Company)	<u> </u>
	2385 EXECUTIVE	CENTER DRIVE, S	2001 WAR 19
	BOCA RATION FL	OR (DA 3343) State and Zip Code)	MAR 19 PARETARY OF
For further informa	ttion concerning this matter, please c	all:	I: 5: STATE LORID
(NIL	LIAM PAGE (Name of Person)	at (561 305 (Area Code & Daytime	-4425
11	or the following amount:	There on Elling Day 9	600 00 Eiling Egg
\$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)
F I	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Callahassee, FL 32314	STREET/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 323	n ations ater Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	20LTAR SYSTEMS (Present Name)
	(A Florida Limited Liability Company)
FIRST:	The Articles of Organization were filed on
SECOND:	This amendment is submitted to amend the following:
	CHANGE ADDRESS OF COMPANY FOIL
	ALSO REGISTERED AGENT:
	COMPANY -> 70LTAR SYSTEMS, LIC SAR -
	2385 EXECUTIVE CONTER DRIVE, SIMETION
	BOCA RATION, FLORIDA 33431 == =
	3
	EN: 20-8440932
	AGENT -> PAGE WILLIAM
	2385 EXECUTIVE CENTER DAVE, SUITE 100
	BOCA RATON, FLORIDA 33431
Dated	MARCH 14, 2007.
	Willia Rose
	Signature of a member or authorized representative of a member
	WILLIAM PAGE Typed or printed name of signee

Filing Fee: \$25.00