

LD700004469

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(City/State/Zip/Phone #)

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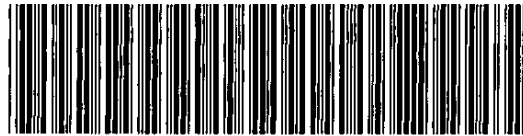
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**L. SELLERS**

JAN 30 2008

**EXAMINER**

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2008 JAN 28 AM 1:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: AR TECHNOLOGIES LLC**

(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**DAVITA RAMNARINE**

(Name of Person)

**AR TECHNOLOGIES LLC**

(Firm/Company)

**13787 STAIMFORD DRIVE**

(Address)

**WELLINGTON, FLORIDA 33414**

(City/State and Zip Code)

For further information concerning this matter, please call:

**DAVITA RAMNARINE**

(Name of Person)

at ( 561 ) 795-1846

(Area Code & Daytime Telephone Number)

Enclosed is a check for 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

**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**

AR TECHNOLOGIES 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 APRIL 26, 2007 and assigned Florida document number L07000044669.

This amendment is submitted to amend the following:

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

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

**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:**

Name of New Registered Agent: DAVITA RAMNARINE

New Registered Office Address: 13787 STAMFORD DRIVE  
(Enter Florida street address)

WELLINGTON, Florida 33414  
(City) (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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TALLAHASSEE, FLORIDA

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 = Manager

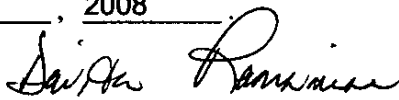
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	DAVITA RAMNARINE	13787 STAIMFORD DRIVE WELLINGTON, FLORIDA 33414	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	JIAN CAI	1907 SILVERBELL TERRACE WESTON, FLORIDA 33327	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<i>MGRM</i>	REYNOLD RAMNARINE	13787 STAIMFORD DRIVE WELLINGTON, FLORIDA 33414	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	IVAN AVILES	13787 STAIMFORD DRIVE WELLINGTON, FLORIDA 33414	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<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 2008



Signature of a member or authorized representative of a member

DAVITA RAMNARINE

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

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