L07000049632

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SECRETARY OF STATE DIVISION OF CORPORATION

JUN - I ZOII EXAMINES

COVER LETTER

TO:	Registration Se Division of Cor			·
SUBJE	CT·	To	ozix, LLC	
30 23 E	C1.		ited Liability Company	
The end	losed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please 1	eturn all correspo	ondence concerning this matter	to the following:	
			Kevin M Matuszek	
			Name of Person	
			Toozix, LLC	
3001 North			Firm/Company	
			Rocky Point Dr. East Suite	200
			Address	
			Tampa, FL 33607	
			City/State and Zip Code	
		E-mail address: (natuszek@gmail.com to be used for future annual report notific	ation)
For furt	her information c	oncerning this matter, please o	all:	
	Kevi	n M Matuszek	at (303)	315-9914
	Name o	f Person	Area Code & Daytime	Telephone Number
Enclose	d is a check for th	ne following amount:		
□\$ 25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ING ADDRESS:	STREET/COURIE Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION SECRETARY OF STATE DIVISION OF CORPORATIONS **OF**

~ Filebli

11 MAY 31 PH 2: 34

	Toozix, LLC					
(Name of the Limited Lia (A Flo	bility Company as it now appeared Limited Liability Company)	rs on our records.)				
The Articles of Organization for this Limited Liability Florida document number L0700004963	•	May 10, 2007	and assigned			
This amendment is submitted to amend the following	g:					
A. If amending name, enter the new name of the	limited liability company he	<u>re</u> :				
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Comp	any," the designation "L	LC" or the abbreviation			
Enter new principal offices address, if applicable)* **					
(Principal office address MUST BE A STREET A	DDRESS)					
T-4						
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u></u>					
THUMBE BUGGESS WHIT BE IN TOOL OF A SEE SOL						
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, <u>enter th</u>	ne name of the new			
Name of New Registered Agent:						
New Registered Office Address:						
	Enter Florida street address					
		, Florida				
	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

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Chrystin N Matuszek	1401 Wewatta St. #713 Denver, CO 80202	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ding any other information, en	ter change(s) here: (Attach additional sheets, if necessary.)	SECRETARY SECRETARY DIVISION OF CO
 Dated	May 27	, 2011	OF STATE ORRATIONS PM 2: 34
Daleu	~	,	
	Signature o	f a member or authorized representative of a member	
	-	Kevin M Matuszek	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00