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(Re	questor's Name)	
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(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	MAIL	
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SECRETARY OF STATE
AN LAHASSEE, FLORID

и^{ДR О 4 2016} J. HARRIS

COVER LETTER

	ision of Cor			
SUBJECT:		e Technology Integrators, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Darrell Lee		
			Name of Person	
		Cornerstone Technology In	ntegrators, LLC	
			Firm/Company	
		1255 La Quinta Dr.		
			Address	
		Orlando, FL 32809		
			City/State and Zip Code	
		dlee.it@gmail.com		TAIL 1
			to be used for future annual report not	ification)
For further in	nformation co	oncerning this matter, please ca	all:	
Darrell Lee			352 504-1773 at (
	Name of	Person	Area Code Daytin	ne Telephone Number
Enclosed is a	a check for th	e following amount:		
■ \$25.00 F	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**

Cornerstone Technology Integrators, LLC		
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our recor Liability Company)	rds.)
The Articles of Organization for this Limited Liability Company Florida document number L07000091901	were filed on 9/10/2007	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Cornerstone Audio Video Integration, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1255 La Quinta Dr.	
Principal office address MUST BE A STREET ADDRESS)	Orlando, FL 32809	
		AS 5
Enter new mailing address, if applicable:	PO Box 156	CREIA
Mailing address MAY BE A POST OFFICE BOX)	Orlando, FL 34492	8 2 / main
3. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ds, enter the name of the no
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	ess
		lorida
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			Remove
			Change
			Add
		 	Remove
			Change
			□ Remove
			Change
			Add A S Remove
			Change Change
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			Add
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Darrell Lee	, 		imed or printed	name of signee			35E.	? PM	1

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Filing Fee: \$25.00