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EXAMINER FEB 15 2011

### COVER LETTER

TO:	Registration Section Division of Corporation	ens			
SUBJE	ССТ•	Global.	rech LED	LLC	
SUBGL		Name of Limite	ed Liability Company		
The end	closed Articles of Amend	ment and fee(s) are subr	nitted for filing.		
Please	return all correspondence	concerning this matter t	o the following:		
		Chi	Name of Person		·
	<del></del>	Treise		PL	
	<del></del>	7080 TA	MiAni TIA Address	il E.	
		Court	Hu J4 City/State and Zip Cod	//2 ***********************************	in to e TIAMLOSUPILY. com
For fur	ther information concern	·		al report notificati	on)
	Name of Person	-A	at ( <b>239</b> ) <i>B</i> Area Co	149 – Y ode & Daytime Te	9 D D Slephone Number
Enclose	ed is a check for the follo	wing amount:			
<b>∑</b> \$25	.00 Filing Fee \$3	30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy		Sectificate of Status & Certificate 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 ARTICLES OF ORGANIZATION

FILED

Ol	SPECTO SPECTO	
(Name of the Limited Liability Compan	v as it now appears on o	LL CTALLAHASSING ST.
(A Florida Limited L	ability Company)	i records.
The Articles of Organization for this Limited Liability Company Florida document number	were filed on//Y	and assigned
Florida document number	' /	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," th	e designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<del></del>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u>X</u>
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	ice address on our re	cords, enter the name of the new
	1	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flo	rida 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member **Title Address** Type of Action <u>Name</u> ☐ Add Remove Add Remove Remove  $\prod Add$ Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Chris Cona Esq. Attorny Ful Global Tech LED LLL
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00