| (Requestor's Name) | | | |
|---|--|--|--|
| (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: | | | |
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Office Use Only



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K. SALY **EXAMINER** APR 27 2011

COVER LETTER

| TO: Registration Section Division of Corporations | | | |
|--|--|--|--|
| SUBJECT: Global Tech LEO 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: | | | |
| Chris Cona Name of Person | | | |
| Name of Person | | | |
| Treiser Collins PL | | | |
| Firm/Company | | | |
| 3080 TAMIAMI TIAIL E. | | | |
| Mulcis | | | |
| MANIES, MA 74112 City/State and Zip Code | | | |
| City/State and Zip Code | | | |
| E-mail address: (to be used for future annual report notification) | | | |
| For further information concerning this matter, please call: | | | |
| Chris Con at (233 649-247 49 DD) Name of Person Area Code & Daytime Telephone Number | | | |
| Name of Person Area Code & Daytime Telephone Number | | | |
| Enclosed is a check for the following amount: | | | |
| \$25.00 Filing Fee \$\ S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status \$\ Certificate of Status & Certified Copy (additional copy is enclosed) \$\ \begin{array}{c ccccccccccccccccccccccccccccccccccc | | | |

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

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SCONGTARY OF STATE
ALLAHASSEE, FLORIDA

| 6/ohal 1 | techLED LLC | TALLAHASSEE, FLORIDA |
|---|------------------------------------|----------------------------------|
| (<u>Name of the Limited Liability Compar</u> (A Florida Limited L | | ds.) |
| The Articles of Organization for this Limited Liability Company Florida document number | were filed on | 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: | |
| The new name must be distinguishable and end with the words "Limit"L.L.C." | ted Liability Company," the design | nation "LLC" or the abbreviation |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | | |
| Enter new mailing address, if applicable: (Muiling address MAY BE A POST OFFICE BOX) | | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here | | enter the name of the new |
| Name of New Registered Agent: | _ | |
| New Registered Office Address: | Enter Florida str | reet address |
| | | rida |
| | 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 Name Type of Action MGRM Jeffery JAY NEWMAN INC 3808 TAMIAMI TIAILE.

MGRM Jeffrey JAY NEWMAN INC 3808 TAMIAMI TIAILE.

NAPLE, AB JULIZ Add Remove □ Add Remove Add 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 Chill Cont Esq Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00