LOSOOO OISOS

(Re	equestor's Name)	
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(Ĉi	ty/State/Zip/Phone	e #)
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COVER LETTER

Division of Corp	orations			
SUBJECT: LUC,	D TECHNICAL	5020410NS, LL (
	Name of Limite	ed Liability Company		
The enclosed Articles of A	Amendment and fee(s) are sub-	nitted for filing.		
Please return all correspon	ndence concerning this matter t	to the following:		
	MARK A	YLWALO Name of Person		
		Name of Ferson		
	LUCIO TECH	4NICAL SOLUTIONS Firm/Company	· , LLC	
	633 CL	-ANTON ST Address		
		Address		
	ORLAND	Address Address A FL 3 2 8 64 City/State and Zip Code ARK C GMAIL - Code be used for future annual report notification.	<u>. </u>	
		City/State and Zip Code	20	
	AYLWARD · M E-mail address: (to	ARK C GMAIL - C be used for future annual report notification		
For further information co	oncerning this matter, please ca	II:	ASSE A A SE	Superior.
MARK AYLU	IALO Barran	at (407 - 718 - /2 Area Code & Daytime Tel	874 EPS =	
Name of	Feison	Alea Cide & Daytine Tes	chuone vanuoe 2	
Enclosed is a check for th	e 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	&

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LUCIO TECH (Name of the Limited (A	NICAL 3	OLUTIONS	4	·····	
(Name of the Limited (A	Florida Limited Li	y as it now appears on ability Company)	our records.)		
The Articles of Organization for this Limited Li Florida document number		were filed on	19 - 200	and a	ıssigned
This amendment is submitted to amend the follo	owing:				
A. If amending name, enter the new name of	the limited liabi	lity company here:			
The new name must be distinguishable and end wit "L.L.C."	h the words "Limite	ed Liability Company,"	the designation	"LLC" or th	e abbreviation
Enter new principal offices address, if applic	able:				
(Principal office address MUST BE A STREE	T ADDRESS)			E 23	জন্ম <u>কু</u>
Enter new mailing address, if applicable:				DEC -4 PHASSE	United The Control of
(Mailing address MAY BE A POST OFFICE	BOX)			F. (1A)	(henry fr
B. If amending the registered agent and/or the new registered of			records, <u>ente</u>	r the name	of the nev
Name of New Registered Agent:	MARK	AYLWAR.	0		
New Registered Office Address:	633	CLA ! TON Enter F	5T Torida street a	ddress	
	ORLA	NDO City	. Florida	328	04
	· · · · · · · · · · · · · · · · · · ·	City	, 	Zip Co	rde ,
New Registered Agent's Signature, if changing I	legistered Agent:				

If Changing Registered Agent, Signature of New 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 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>	Address	Type of Action
MGR	STEPHEN LEWIS	3518 E COLONIAL DR	Add
		SUITE G	Remove
		ORLANDO, FL 32803	
·····			Add
			Remove
			Add
			Remove
			Add
		AHASSEE FLORING	T Kemore
		TEOR STATE	0 4dd
 		· DATE	Add Add
			Remove
			Add
			Remove

	
12	-a, 2013.
-	Signature of a member or authorized representative of a member
	MARK KAYLWARD Typed or printed name of signee

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Filing Fee: \$25.00

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