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SECRETARY OF STATE
TAIL AHASSEE, FLORIDA

T. CLINE
AUG - 5 2011
EXAMINER

COVER LETTER

Division of Co			
SUBJECT:	All We T	rechnology, LLC	
		nited Liability Company	
	of Amendment and fee(s) are su	-	
		Ahmad Hamadeh	
		Name of Person	
	H &	T Express Circuits, LLC	
		Firm/Company	
	25	10 Terminal Drive South	
		Address	
	St. F	Petersburg, Florida 33712	
		City/State and Zip Code	
		elreha@aol.com	
	E-mail address:	(to be used for future annual report notification)	
For further information	concerning this matter, please	at (727) 327-6236 AFRY OF STA	2-1
Ah	mad Hamadeh	at (727) 327-6236	
Name	of Person	Area Code & Daytime Telephone Number	
Enclosed is a check for	the following amount:		چوامان احمدان
\$25.00 Filing Fee	Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
MAII	LING ADDRESS:	STREET/COURIER ADDRESS:	

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 OF

AII	We Technology, LLC				
(Name of the Limited Lis	ibility Company as it now appear orida Limited Liability Company)	rs on our records.)			
(//://	maa Diimoo Diabiity Company)				
The Articles of Organization for this Limited Liabi	lity Company were filed on	3/25/2008	and as	ssigned	
Florida document number <u>LO800030</u>	369				
Tronds document named	 '				
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of th	e limited liability company her	<u>re</u> :			
н&	T Express Circuits, LLC				
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Compa	any," the designation "	LLC" or the	abbrev	iation
Enter new principal offices address, if applicable	e:				
(Principal office address MUST BE A STREET A	(DDRESS)		Ξ_{α}	2	
				3>	er salvi
			HET.	8	
Enter new mailing address, if applicable:			SSA SSA	+	-
		· · · · · · · · · · · · · · · · · · ·	m _o	2807	$\neg \cap$
(Mailing address MAY BE A POST OFFICE BO	<u></u>			<u> </u>	
			DE	•	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on (address here:	our records, enter	the name	of the	new
Tegistered agent und/of the new registered office	addiess here.				
Name of New Posistand Ament.					
Name of New Registered Agent:					
New Registered Office Address:	*	····			_
	En	nter Florida street add	dress		
		, Florida			_
	City		Zip Co	de	

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

<u> </u>	<u>Name</u>	Address	Type of Action
			T Dames vo
			□ Damaya
			C Domove
			<u> </u>
			DOTAGE TO Remove
			ASSE Add
. If amen	ding any other information, enter o	change(s) here: (Attach additional sheets	o, if necessary.)
_			
ated	8 - Z - , Signature of a m	ember or authorized representative of a mem	her

Page 2 of 2

Filing Fee: \$25.00