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SECRETARY OF STATE
TAIL AHASSEE, FLORIDA

COVER LETTER

то:		istration Sect sion of Corpo		ţ.					
SUBJE	CT:	VOLEX	(Name of Lim	sited Liability Company)					
The enclosed Articles of Amendment and fee(s) are submitted for filing.									
Please return all correspondence concerning this matter to the following:									
			Jan Gudis						
(Name of Person)									
			VOLEX						
			VOLUN	(Firm/Company)	,				
1963 Genova Drive									
				(Address)					
			Oviedo, FL 32765						
				(City/State and Zip Code)					
For furt	her in	formation cor	cerning this matter, please c	all:					
Jan G	iudis	;		at (407) 349-2951					
	,	(Name of	Person)	(Area Code & Daytime T	Celephone Number)				
Enclose	d is a	check for the	following amount:						
\$ 25.	00 Fii	ing 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)				
					APPRES				

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

VOLEX, LLC				
(Name of the Limited I. (A.F.	iability Company as it now appears Florida Limited Liability Company)	on our records.)		
The Articles of Organization for this Limited Lia	bility Company were filed on Mare	ch 28, 2008 and assigned		
Florida document number <u>L08000032098</u>	·			
This amendment is submitted to amend the follow	wing:			
A. If amending name, <u>enter the new name of t</u>	the limited liability company here	:		
The new name must be distinguishable and end with L.L.C."	the words "Limited Liability Compan	y," the designation "LLC" or the abbreviation		
3. If amending the registered agent and/or registered agent and/or the new registered offi	•	ir records, enter the name of the nev		
Name of New Registered Agent:				
New Registered Office Address:	(D)			
	(Enter Florida 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)

AHASSEE AH

Page 1 of 2

Page 1 of 2

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Youri Volynkin	1 Syracuse Place Albany, Auckland, New Zealand	✓ Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add
D. If amend	ling any other information, enter c	hange(s) here: (Attach additional sheets, if nece	ssary.)
Dated Marc	Jan Hu	2008 Lis	201 1A
	()	ember or authorized representative of a member	LCRE API
	Jan Gudis T	yped or printed name of signee	
	·	Page 2 of 2	<u>m</u> -<
		Filing Fee: \$25.00	PHI OF ST