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TALLAHASSEE, FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Choice One Technologies, 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:

Katie Sanfilippo

Name of Person

Expert IT Partners, LLC

Firm/Company

830 A1A N #13-532

Address

Ponte Vedra Beach, FL 32082

City/State and Zip Code

ksanfilippo@expertitpartners.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Katie Sanfilippo

Name of Person

904 686-1274
at ()

Area Code & Daytime Telephone Number

Enclosed is a check for the 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
(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
TO
ARTICLES OF ORGANIZATION
OF**

Choice One Technologies, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 04/29/2008 and assigned
Florida document number L08000042862.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Expert IT Partners, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

830 A1A N

#13-532

Ponte Vedra Beach, FL 32082

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

830 A1A N

#13-532

Ponte Vedra Beach, FL 32082

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Kathryn Sanfilippo

New Registered Office Address:

830 A1A N #13-532

Enter Florida street address

Ponte Vedra Beach

Florida

City

32082

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.

Kathryn Sanfilippo
If Changing Registered Agent, Signature of New Registered Agent

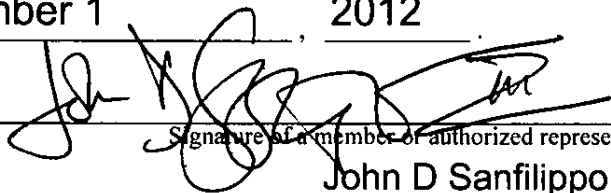
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	John D Sanfilippo III	30 Alhambra St	<input type="checkbox"/> Add
		Ponte Vedra Beach, FL 32082	<input checked="" type="checkbox"/> Remove
MGRM	Kathryn Sanfilippo	830 A1A N	<input checked="" type="checkbox"/> Add
		#13-532	<input type="checkbox"/> Remove
		Ponte Vedra Beach, FL 32082	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated December 1, 2012



Signature of a member or authorized representative of a member

John D Sanfilippo III

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00
