

LOG000050222

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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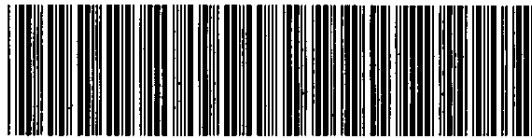
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08 DEC 19 AM 8:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

DEC 23 2008

EXAMINER

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: FRONTIER TECHNOLOGY 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:

JHY-CHERNG HWANG
(Name of Person)

FRONTIER TECHNOLOGY LLC
(Firm/Company)

8020 NW 33rd STREET
(Address)

MIAMI, FL 33122
(City/State and Zip Code)

For further information concerning this matter, please call:

ALICE HSU at (305) 218-2968
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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

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08 DEC 19 AM 8:25
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FRONTIER TECHNOLOGY 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 MAY 20, 2008 and assigned
Florida document number L08000050222

FILED
08 DEC 19 AM 8:25
CLERK OF STATE
TALLAHASSEE, FLORIDA

This amendment is submitted to amend the following:

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

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

Enter new principal offices address, if applicable: 9518 NW 47 TERR.
(Principal office address MUST BE A STREET ADDRESS) DORAL, FL 33178

Enter new mailing address, if applicable: 9518 NW 47 TERR.
(Mailing address MAY BE A POST OFFICE BOX) DORAL, FL 33178

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: CARLOS GARCIA ACOSTA

New Registered Office Address: 9518 NW 47 TERR.
(Enter Florida street address)

DORAL, Florida 33178
(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:

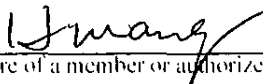
MGR = Manager

MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|------------------|--|--|
| DIRECT | YUAN-CHUAN WANG | 9518 NW 47 TERR. DORAL, FL 33178 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| MGR | ALICE HSU | 3025 NW 99 PLACE DORAL, FL 33172-1046 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| Agent | JHY-CHERNG HWANG | 9518 NW 47 Terr. Doral, FL 33178 | <input type="checkbox"/> Add <input checked="" 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 DEC. 15, 2008



Signature of a member or authorized representative of a member
JHY-CHERNG HWANG

Typed or printed name of signee