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D. BRUCE

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EXAMINER

COVER LETTER

TO: Registration S Division of Co						
SUBJECT:	MYDIRECTE	MYDIRECTELECTRONICS LLC				
		ited Liability Company				
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.				
Please return all corresp	oondence concerning this matte	r to the following:				
	<u></u>	O'NEIL COOPER				
		Name of Person				
12049 FOUNT		Firm/Company				
		OUNTAINBROOK BL\ Address	NTAINBROOK BLVD #1610			
				Par C		
ORLANDO, FL, 32825 City/State and Zip Code		,	· CAN			
	vint E-mail address: (agecuts.orl@gmail.co	om port notification)	NOV 30 METAR) AHASSI		
For further information	concerning this matter, please	call:		PHIP: 31 YOF STATEE. FLORI		
O'neil Cooper Name of Person		at (407)	492-1895 Daytime Telephone Number	09 NOV 30 PH 12: 30 SECRETARY OF STATE TALLAHASSEE, FLORIDA		
	V. 1 V. 000.		, 5.3,	12		
Enclosed is a check for	the following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is e	nclosed) Certified	te of Status &		
MAILING ADDRESS: Registration Section		STREET/A Registration	COURIER ADDRESS:			
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building				

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MYDIRECTELEC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appe Liability Company)	ars on our records.)
The Articles of Organization for this Limited Liability Company Florida document numberL08000064058	were filed on	JULY 01, 2008 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company he	e <u>re</u> :
VINTAGE C	UTS LLC	₩
The new name must be distinguishable and end with the words "Limi "L.L.C."	ited Liability Comp	pany," the designation "LLC" of the breviatio
Enter new principal offices address, if applicable:	· · · · · · · · · · · · · · · · · · ·	ASS 3
(Principal office address MUST BE A STREET ADDRESS)		——————————————————————————————————————
Enter new mailing address, if applicable:	12049 FOUI	NTAINBROOK BLVD#1610
(Mailing address MAY BE A POST OFFICE BOX)	ORLANDO,	FL, 32825
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:	e :	nter Florida street address
 	City	, 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

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>	Type of Action		
-			Add Remove		
Newson and the second s			Add Remove		
			Add Remove		
			Add		
<u> </u>			Add Remove		
	_		Add Remove		
D. If amend	ding any other information, enter chang	e(s) here: (Attach additional sheets, if necessary	FILED 09 NOV 30 PM 12: 30 SECRETARY OF STATE TALLAHASSEE, FUORIO		
Dated	NOVEMBER 26 , 20	009			
	Signature of a member	or authorized representative of a member			
	Tunad	O'Neil Cooper			

Page 2 of 2

Filing Fee: \$25.00