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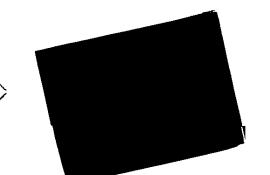
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SECRETARSEE. FLORIDA

T. CLINE

JUL 20 2009

EXAMINER



COVER LETTER

TO:	Registration Se Division of Cor					
SUBJE	·CT·	CHINA AU P	AIR AMERICA, LLC			
SUDJE			ted Liability Company			
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please 1	return all correspo	ondence concerning this matter	to the following:			
		M	ARK A. HIGHTOWER Name of Person			
			Name of Person			
		M	ARK A. HIGHTOWER			
			Firm/Company			
			P.O. BOX 491	Ĩ	SE SE	
			Address			******
			NIANTIC, CT 06357		2009 JUL 17 SEGRETARY	-
			City/State and Zip Code		M	1
		MARK.HIGHTO\	WER@GOBRAINSTORMER to be used for future annual report notifical	S.COM	PH IZ: 29 OF STATE EE, FLORIDD	٠.
For fur	ther information of	concerning this matter, please c	·	,	29 20)	
	MARK	A. HIGHTOWER	at (860) 73	39-5535		
	Name o	of Person	Area Code & Daytime T	elephone Number	_	
Enclose	ed is a check for t	he 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 For Certificate of Certified Copy (additional copy)	Status &	
	Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations lox 6327 assee, FL 32314	STREET/COURIEI Registration Section Division of Corporati Clifton Building 2661 Executive Cente Tallahassee, FL 3230	ons er Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CHINA AU PAIF	R AMERICA, LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our records.) d Liability Company)		
The Articles of Organization for this Limited Liability Compar	ny were filed on AUGUST 29, 2008 and assigned		
Florida document numberL08000083021			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lin	ability company here:		
	FORENSICS, LLC		
The new name must be distinguishable and end with the words "Li "L.L.C."	mited Liability Company," the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:	-1		
(Principal office address MUST BE A STREET ADDRESS)			
	<u> </u>		
	ARY SSE		
Enter new mailing address, if applicable:	Laboration Control Control		
(Mailing address MAY BE A POST OFFICE BOX)	The state of the s		
	0 PATE 29		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our records, enter the name of the new		
registered agent and/or the new registered office address in	ere.		
Name of New Registered Agent:			
New Registered Office Address:			
	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.

MGR = M MGRM =	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			FT 4.11
			Add Remove
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			Remove
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D. If ame	nding any other information	n, enter change(s) here: (Attach additional sheets, if	rnecessarv.)
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Dated	JULY 14	,	
	M	True R Windstown	
	Signatu	ure of a member or authorized representative of a member	1
		MARK A. HIGHTOWER Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00