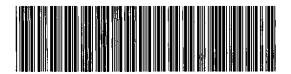
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SECRETARY OF STATE

T. CLINE

AUG 1 2 2010

ENWINER

COVER LETTER

CUDIFCT.	3M TECH	NOLOGIES, LLC		
SUBJECT:		ed Liability Company		
	Amendment and fee(s) are sub			
Please return all correspondence	ondence concerning this matter	to the following:		
	HAZEL			
		Name of Person		
	JOEL MARCUS, CPA			
	Firm/Company			
	676 WEST PROSPECT ROAD			
		Address	2010 AUG 11 SECRETARY	
		FT. LAUDERDALE		
		City/State and Zip Code		
JMARCUSCPA@YAHOO.COM E-mail address: (to be used for future annual report notification)		ation)		
For further information	concerning this matter, please c			
To raction information	containing and matter, presse v			
	HAZEL	ut (66-8513	
Name ·	of Person	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)	
	LING ADDRESS: tration Section	STREET/COURIE Registration Section		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3M TE	<u>CHNOLOGIES, LLC</u>	<u> </u>		
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appea da Limited Liability Company)	rs on our records.)		
(au 2,,,,,,,,,,,,,,,,,			
The Articles of Organization for this Limited Liabilit	y Company were filed on	05/19/2009	and assigned	
Florida document numberL0900048788	<u> </u>			
This amendment is submitted to amend the following	g:			
A. If amending name, enter the new name of the	limited liability company he	<u>re</u> :		
3 GATOR	S TECHNOLOGIES, LL	С		
The new name must be distinguishable and end with the	words "Limited Liability Comp	any," the designation "	LLC" or the abbreviati	on
"L.L.C."			77.	
Enter new principal offices address, if applicables				
(Principal office address MUST BE A STREET AL	ODRESS)			
		_	SS =	jana Ì
			W.	7
Enter new mailing address, if applicable:				Chart.
(Mailing address MAY BE A POST OFFICE BOX				•
Muning autoress man BEAT OST OFFICE BOX		· · · · · · · · · · · · · · · · · · ·	75.	-
				-
B. If amending the registered agent and/or re	egistered office address on	our records, enter	the name of the n	<u>ew</u>
registered agent and/or the new registered office	address here:			
Name of New Registered Agent:				
New Registered Office Address:				
	E	nter Florida street add	dress	-
		, 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 = Ma	anager Managing Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add Remove
			Add Remove
			Add Remove
			ACE CO TREMOVE SINCE CO.
D. If amer	nding any other information, en	ter change(s) here: (Attach additional she	Add Permove
-			
_			
Dated	8 /6	, 2010	
	Signature o	f a member of authorized representative of a m IOEL MARCUS Typed or printed name of signee	ember

Page 2 of 2

Filing Fee: \$25.00