(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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K' SUTA EXAMINER



COVER LETTER

	Registration Sec Division of Corp				
SUR IF	MATH SCO	OUT, LLC			
SUBJEC	VI	Name of Lim	ited Liability Company		
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn all correspo	ndence concerning this matter	to the following:		
		Shangsui Gao			
			Name of Person	··· 	
		MATH SCOUT, LLC			
		Firm/Company			
		11854 Island Lakes Ln			
		Address			
		Boca Raton, FL 33-198			
			City/State and Zip Code		
		usa.progress@gmail.com			
			to be used for future annual repor	1 notification)	
For furth	ner information co	oncerning this matter, please ca	all:		
Shangsı	ui Gao		561 218-60: at ()		
	Name of	f Person	Area Code Da	aytime Telephone Number	
Enclosed	d is a check for th	ne following amount:			
\$25.	.00 Filing Fee	Sample 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**

2016 FEB 28 AM 11: 00

MATH SCOUT, 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 Compar	ny were filed on 06/01/2009 and assigned
Florida document number <u>L09000053028</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited list	ability company here:
General Technologies LLC	
The new name must be distinguishable and contain the words "Limited Lia	ibility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	Same
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
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 ne
	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Enter Pittrikia street adaress
	, Florida

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 605, 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

	g Authorized Person(s) authorized to m I from our records:	ianage, <u>enter th</u>	e title, name, and address of each	person being added
MGR = Manager AMBR = Authorized Member		2016 FEB 29 AM 11:00		
<u>Title</u>	<u>Name</u>	<u>Address</u>	TAILLAHASSES STATE	Type of Action
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	2016 FEB 29 AM II:
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<u>ote:</u> If	e date, if other than the date of filing: (optional) tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.00 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at a effective date on the Department of State's records.
reco The 9	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier poth day after the record is filed.
ted	
	2/23/2016
	Signature of a member or authorized representative of a member
	Shangsui Gao

Page 3 of 3

Filing Fee: \$25.00