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EXAMINER

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SECRETARY OF STATE

FILED

COVER LETTER

TO: Registra	ation Secti n of Corpo	on rations			ä	*
SUBJECT:		CA Cor	nnections, l	LC		
30b0EC1			ited Liability Cor			
The enclosed Art	ticles of An	nendment and fee(s) are sub	omitted for filing			
Please return all	correspond	ence concerning this matter	to the following	:		
			Carmen A			
			Name of Pe	erson		
					•	
			Firm/Comp	oany		
			5040 Perign	on Way		
			Address	3		
		Co	oral Springs,	FL 33067		
			City/State and Z		- #1 (200-44)	
	. iga	- 1-7 g y . t		ROUGH ARRENE	AND CONTRACTOR CONTRACTOR	ti +5
		E-mail address: (to be used for futu	e annual repor	tinotification)	
For further inform	mation cond	cerning this matter, please of	call:		gentak Filogoria B	÷.,
	Carm	nen Aviles	at (_95	4)	254-3	3820
	Name of Po	erson		Area Code & D	aytime Teleph	none Number
Enclosed is a che	eck for the t	following amount:				
\$25.00 Filing	Fee [\$30.00 Filing Fee & Certificate of Status	\$55.00 Fil Certified (addition		closed)]\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ř.	,			- ,	
		G ADDRESS:		STREET/CO		DDRESS:
	Division of	of Corporations		Division of C	Corporations	
		6327		Clifton!Build 2661 Executi Tallahassee	ve Center Ci	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CA Connections, 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 onJuly 29, 2009 and assigned Florida document numberL0900072724	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
Eco Technology Services, LLC	
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbrevia "L.L.C."	ation
Enter new principal offices address, if applicable:	_
(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 office address on our records, enter the name of the registered agent and/or the new registered office address here:	<u>nev</u>
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.

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 MGRM = N	nager, Aanaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			□ Damasia
			□ Damesia
			77 D
 			□ Damaua
D. If amen	ding any other information, enter c	hange(s) here: (Attach additional sheets, if nec	essary.)
_			
_	0 0 00		
Dated	9-9-09 Signature of a me	ember or authorized representative of a member	FILE SECRETARY SALLAHASSE
	•	Carmen M. Aviles Typed or printed name of signee	AM 8: 49 EE FLORIDA
		Page 2 of 2	> '''

Filing Fee: \$25.00