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S. HAWKES

DEC -1 2009

EXAMINER

COVER LETTER

TO:

Tallahassee, FL 32314

	ation Section 1 of Corporations		
SUBJECT:	Environmental I	Health Technologies	LLC
		mited Liability Company	
The enclosed Art	icles of Amendment and fee(s) are s	ubmitted for filing.	
Please return all o	correspondence concerning this matt	er to the following:	
		Marc Matoza	,
		Name of Person	
	Environn	nental Health Technolog	ies LLC
	111	312 Winston Willow Cou	ırt
		Address	
		Windermere, FL 34786	
		City/State and Zip Code Marc@EHTmail.com	
	E-mail address:	to be used for future annual report	1 notification)
For further inform	nation concerning this matter, please	e call:	
	Marc Matoza	at (_408_)	930-3004
	Name of Person	Area Code & L	Daytime Telephone Number
Enclosed is a che	ck for the following amount:		
∠ \$25.00 Filing	Fee S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is end	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	MAILING ADDRESS:	STREET/CO	DURIER ADDRESS:
Registration Section Division of Corporations P.O. Box 6327		Registration Division of C Clifton Build	Corporations

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Environn	nental Health Technologies	LLC		
(<u>Name of the Limited</u>	Liability Company as it now appears A Florida Limited Liability Company)	on our records.)	,	
The Articles of Organization for this Limited L Florida document numberL0900009	iability Company were filed onO	ctober 12, 200\$	SECULIAR SECULIAR STATE	
This amendment is submitted to amend the foll	owing:		OF FLOOR	
A. If amending name, enter the new name o	f the limited liability company here:			
			y	
The new name must be distinguishable and end wi'L.L.C."	th the words "Limited Liability Company	the designation "L	LC" or the abbreviatio	
Enter new principal offices address, if applic	rable:			
Principal office address MUST BE A STREE	· · · · · · · · · · · · · · · · · · ·			
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE	ROX)			
		••		
3. If amending the registered agent and/	or registered office address on ou	r records, enter t	he name of the ne	
egistered agent and/or the new registered of				
Name of New Registered Agent:	Robert Shaw			
New Registered Office Address:	11312 Winston Willow Court			
<u> </u>	Enter Florida street address			
	Windermere	, Florida	34786	
	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 uddress. 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> **Address** Type of Action MGR Robert Shaw 11312 Winston Willow Court ✓ Add Windermere, FL 34786 Remove Remove ___Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) November 21 authorized representative of a member MARCZA Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00