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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:				
	Division of Cor	rporations		
	Fax Number	; (850)617-6383		∃SS. AĕV
				()
From:				
	Account Name	: CSE SERVICES,	LLC	
	Account Number	: 120070000160		\tilde{C}
	Phone	: (800)494-3124		TALE ORID
	Fax Number	: (561)455-9885		Dia. Oi

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TERATECHSUPPORT LLC

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EXAMINER

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	TERATECHS	UPPORT LLC				
(Name of the Limite	d Liability Compa A Florida Limited	ny as it now appear: Liability Company)	on our records.)			
The Articles of Organization for this Limited	Liability Company	were filed on	2/05/2010	and a	assigne	ed
Florida document numberL10000013839						
This amendment is submitted to amend the fol	llowing:					
A. If amending name, enter the new name	of the limited lish	ility company here	:			
The new name must be distinguishable and end w	ith the words "Lim	ited Liability Compar	y," the designation	"LLC" or th	c abbre	viation
"L.L.C."						
Enter new principal offices address, if appli	cable:	12612 SW 54TH	COURT		0 0	
(Principal office address MUST BE A STRE	ET ADDRESS)	MIRAMAR, FLO	RIDA 33027	<u> </u>	33	
				SS ₩	<u>0</u>	
				H _O	P	İΠ
Enter new mailing address, if applicable:		12612 SW 54TH	COURT	T 00	<u> </u>	
(Mailing address MAY BE A POST OFFICE	BOX)	MIRAMAR, FLOI	RIDA 33027	TAT DRI	<u> </u>	
		•		\$17.	S	
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:		<u>e:</u>	or rec ords , <u>enter</u>	the name	of th	е печ
New Registered Office Address: 12612 SW 54		4TH COURT				
		(Ent	er Florida street a	ddress)		
	MIRAMAR		. Florida	33027		
•		(City)		(Zip Co	rde)	_
New Registered Agent's Signature, if changing	Registered Agent:					
I hereby accept the appointment as registere the provisions of all statutes relative to the paccept the obligations of my position as registeng filed to merely reflect a change in the company has been notified in writing of this	oroper and complistered agent as pregistered office change.	lete performance by provided for in Cha	Infe duties, and I spier 608, F.S. Or confirm that the I. Light Signature of New	am familia r. if this doc Imited liabi	ir with cumen lity	and
		7 1000				

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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:

Title Name Address Type of Action MGRM RAIMUNDO HERRERA 2119 SE 10TH AVENUE #909 Add Remove PORT LAUDERDALE FL 33316 PORT Add Remove	
FORT LAUDERDALE FL 33316 Remove	<u>n</u>
Remove Add	
Remove	
Add Remove	
D. If amending any other information, enter change(s) here: (Auach additional sheets, if necessary.)	and the same of th
Dated <u>December 07</u> , <u>2010</u>	
Signature of a member or authorized representative of a member	
Francisco Abad Typed or printed name of signee	

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