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COVER LETTER

TO: • Registration S Division of Co		, and the second				
SUBJECT:	Advanced Digital	Design Semicondu	ctor			
		ted Liability Company				
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
		Eduardo Luaces				
		Name of Person				
	Advanced Digital Design Semiconductor					
		Firm/Company				
	151	I1 E SR434 Suite 2001				
		Address				
	Wii	nter Springs, FL 32708				
		City/State and Zip Code		•		
	E-mail address: (t	e.luaces@addsemi.cor	n notification)			
For further information	concerning this matter, please c	•	. Houreally			
Ed	uardo Luaces	at (_407_)	227-4620			
Name	of Person	Area Code & D	aytime Telephone Numbe	r		
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 enc	losed) Certified	ite of Status &		

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

FILED 10 MAY -6 PM 2: 44

Advanced	d Digital Design Semico	nductor ALILAGAS	SEE. FLORIDA
(Avante of the Limited (A	Liability Company as it now appe Florida Limited Liability Company	ars on our records.)	- MEONIDA;
The Articles of Organization for this Limited Li	ability Company were filed on	March 26, 2010	and assigned
Florida document number L10000033			
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited liability company he	ere:	
The new name must be distinguishable and end wit 'L.L.C."	h the words "Limited Liability Com	pany," the designation "I	.LC" or the abbreviation
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable:	DAY)	***	
(Mailing address MAY BE A POST OFFICE	<u></u>		
B. If amending the registered agent and/oregistered agent and/or the new registered of		our records, enter t	he name of the nev
Name of New Registered Agent:	Eduardo Luaces		
New Registered Office Address:	1511 E SR434 Suite 200		
	E	Inter Florida street ada	ress
		, 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action		
MGRM	Eduardo Luaces	816 Eagle Claw Court Lake Mary, FL 32746	✓ Add Remove		
	 		Add Remove		
			Add Remove		
			Add Remove		
			Add Remove		
			Add Remove		
D. If amend	ling any other information, enter o	change(s) here: (Attach additional sheets, if neces	10 MAY -6 PH 2: 44 TALLAHASSEE, FLORID		
Dated	May 4	2010			
	Signature of a m	Teilero Gello Typed or printed name of signee			

Page 2 of 2

Filing Fee: \$25.00