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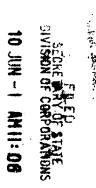
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B. KOHR

JUN - 4 2010

EXAMINER



COVER LETTER

T.O: Registration Section Division of Corporations		
SUBJECT: Secure Connect in Name of Lin	1,1,0.	Em.
Name of Lin	nited Liability Company	3 30
The enclosed Articles of Amendment and fee(s) are su	ubmitted for filing.	
Please return all correspondence concerning this matter	er to the following:	BUIL MII.08
Jerry C. C	Name of Person	
Secure Conn	Firm/Company	
1228 Estrem	adwa De. Address	
Bradenton	City/State and Zip Code Secure Connect U.C. com (to be used for future annual report notification)	
Jerunko s E-mail address:	(to be used for future annual report notification)	
For further information concerning this matter, please	call:	
Jerry Crunk Name of Person	at (<u>941) 792 - 2299</u> Area Code & Daytime Teleph	one Number
Enclosed is a check for the following amount:		
\$25.00 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 AD Registration Section Division of Corporations Clifton Building 2661 Executive Center Cir	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

_ Secure Connect	110.		
(Name of the Limited Liabili (A Florida	ty Company as it now appear Limited Liability Company)	's on our records.)	
The Articles of Organization for this Limited Liability	Company were filed on	a '	
Florida document number <u>L 100 ()0039400</u>	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company her	<u>e</u> :	
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Compa	ny," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office ade	stered office address on o dress here:	ur records, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	City	, Florida 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records: . 34

MGR = Manager

MGRM = Managing Member

<u>Title</u> <u>Name</u> **Address Type of Action** Jerry C Crunk MGRM Add ☐ Remove ☐ Add Remove ☐ Add ☐ Remove Add Remove \square Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00