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EXAMINER



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COVER LETTER

TO:	Registration Sectorial Division of Corp					
SUBJE	·CT•	Mon	oidics LLC			
SUDJE	.C1:	Name of Limi	ted Liability Company			
		mendment and fee(s) are sub	•			
Please i	return all correspon	dence concerning this matter	to the following:			
			Dino Distefano			
	Name of Person					
	Firm/Company					
	1901 60th Place Suite L8319 Address					
Bradenton, FL 34203						
inqu			City/State and Zip Code ries-uk@monoidics.			
		E-mail address: (······································			
For fur	ther information co	ncerning this matter, please o	all:			
		Distefano	at (+44)	020 7300		
	Name of	Person	Area Code	& Daytime Telepho	ne Number	
Enclose	ed 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	—	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
MAILING ADDRESS: Registration Section			COURIER ADD	DRESS:		

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Monoidics	LLC			
(<u>Name of the Limited Liability Company</u> s (A Florida Limited Liab	as it now appea ility Company)	rs on our records.	·	
The Articles of Organization for this Limited Liability Company we L10000062837 L1000062837	ere filed on	June 9 2010	and as	signed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabilit	y company he	<u>re</u> :		
The new name must be distinguishable and end with the words "Limited "L.L.C."	Liability Compa	any," the designation "L	LC" or the	abbreviatio
Enter new principal offices address, if applicable:		,	12	
(Principal office address MUST BE A STREET ADDRESS)			A G	
		Σ* ΥΥ ΕΛ) 1 1 1	ico page view
Enter new mailing address, if applicable:		المال المال		
Mailing address MAY BE A POST OFFICE BOX)		8	55	
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	e address on	our records, <u>enter t</u>	he name	of the ne
Name of New Registered Agent:				
New Registered Office Address:	Er	nter Florida street addr	ress	
_	, Florida			
	City		Zip Coo	le

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	Armitage, Dean	12839 Daugherty Drive Winter Garden, FL 34878	Add Remove
 			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information,	enter change(s) here: (Attach additional sheets, if ne	cessary.)
	July 20	2010	
Dated	Xu	, 2012	
		of a member or authorized representative of a member no Disterano CEO for Monoidics Ltd	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00