## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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.

(((H10000245238 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From: .

Account Name : SMART TAX

Account Number : I20090000034

Phone

.: (.954) 782-3610

Fax Number

: (954)782-7952

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

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TECHNICAL SYSTEM PROFESSIONALS LLC

Certificate of Status	0
Certified Copy	. 0
Page Count	03
Estimated Charge	\$25.00

A. LUNT

NOV 1 5 2010

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

## H10000245238 3 ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

			Ž <sub>S</sub>	<b>VON 0</b>
TECHNICAL SYSTEM	/ PROFESSION	VALS LLC		<b>E</b> T
(Name of the Limited Liability Con (A Florida Limit	ed Liability Company)	S OH OH! Tecolus.)		¥
			SS	5 F
The Articles of Organization for this Limited Liability Comp	any were filed on	06/14/2010	ASSEC	ssigned
Florida document numberL10000063555		•		ssigned
			25	**************************************
This amendment is submitted to amend the following:			西湖	100 Tal.
A. If amending name, enter the new name of the limited	liability company her	, ' <b>e:</b>		
<u> </u>	. ,	<del></del>		
The new name must be distinguishable and end with the words "I	imited Liability Comes	my " the designation	"E.I.C" or the	ahhreviation
"L.L.C."		my, the designation	DDC of the	, applet muon
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS	2)			
	•			
·	-			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
interior was contact and a con	+			<del></del>
B. If amending the registered agent and/or registered	l office address on e	our records, enter	the name	of the new
registered agent and/or the new registered office address		. , <del></del>		
		,	•	
Name of New Registered Agent:				
s these var a vary a talk a vary a talk a vary				
New Registered Office Address:	T.		2.2	
	En	ter Florida street ad	acress	·
		, Florida _		
	City		Zip Co	de
New Registered Agent's Signature, if changing Registered Ag	ent:			

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

. Page 1 of 2

H10000245238 3

MGR = Manager

9547827952

## H10000245238 3

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:

FPS CORP

MGRM = Managing Member <u>Title</u> Name | Address Type of Action MGRM RODRIGUES, OLDINEY 3331 SE 31ST AVE [₹] Add Remove ☐ Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) NOVEMBER Dated\_ 10+h Signature of A number or authorized representative of a member Tose PH 6ANTOS

Typed or printed name of signee

Page 2 of 2

H100002452383