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SECRETARY OF STATE.

J. BRYAN

JAN 1 0 2012

EXAMINER

COVER LETTER

то:	Registration Se Division of Co			
SUBJE	CCT:	Calais Te	echnologie, LLC	
•		Name of Lim	ited Liability Company	
		Amendment and fee(s) are sul	-	
Please	return all correspo	ondence concerning this matter	to the following:	
			Ryan D. Watkins	
			Name of Person	 د ــ
IS		ISI	R Digital Services, LLC	PER SE T
			Firm/Company	弱星厂
			18001 Rivard Blvd	TALLAHASSEE. FLORID
	•		Address	E. T. S.
		E	Brooksville, FL 34604	ORDER OR STATE
			City/State and Zip Code	7
		E-mail address: (afv003@yahoo.de to be used for future annual report notificati	on)
For fur	ther information o	concerning this matter, please of	eall:	
	Rya	an D. Watkins	at (605) 25	1-2368
	Name o	of Person	Area Code & Daytime Te	lephone Number
Enclose	ed is a check for t	he following amount:		
\$25	.00 Filing Fee	\$30.00 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)
		ING ADDRESS: ration Section	STREET/COURIER Registration Section	ADDRESS:
		on of Corporations	Division of Corporation	ns

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Calais Tecl	nnologie, LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appea d Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Compa	ny were filed on	July 26, 2010	and assigned
Florida document numberL10000078046			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company he	<u>re</u> :	
	Services, LLC		
The new name must be distinguishable and end with the words "L.L.C."	imited Liability Comp	any," the designation "LLC"	or the abbreviation
Enter new principal offices address, if applicable:		75 E	3 1
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>	星一
			m o
Enter new mailing address, if applicable:		بر منابع	S. S. O
(Mailing address MAY BE A POST OFFICE BOX)		Un	5 35 S
	<u> </u>		7
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		our records, enter the n	ame of the new
Name of New Registered Agent:			.
New Registered Office Address:	E.	nter Florida street address	
	E)	ner rioriaa sireet aaaress	
	City	, Florida	p Code
	City	Z.i	POUL

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:

MGR = Ma MGRM = 1	anager Managing Member		
<u>Title</u>	Name	Address	Type of Action
			Add Remove
***************************************			Add Remove
			Add Remove
			Add Remove
			Add Remove
			AddRemove
D. If amen	ding any other information, enter	change(s) here: (Attach additional sheets, if necessar	ry.)
		AHAVO	9 PH
Dated	January 4	wat	3: 35
	Signature dfa	member or/authorized representative of a member Ryan D. Watkins	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00