L10000097117

| (Requestor's Name) | | | | |
|---|------------------------|-----------|--|--|
| (Address) | | | | |
| (Ac | ldress) | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP | ☐ WAIT | MAIL MAIL | | |
| (Business Entity Name) | | | | |
| | | | | |
| (Document Number) | | | | |
| Certified Copies | Certificates of Status | | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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10 OCT 29 PM 1: 05
SECRETARY OF STATE
SECRETARY OF STATE
SECRETARY OF STATE

J. BRYAN

NOV -1 2010

EXAMINER

COVER LETTER

| TO: | Registration Section Division of Corpor | | | | |
|-----------|---|---|--|---|-----------------------------------|
| SUBJE | CT: | | FIELD TECHNOL(led Liability Company | ogies L | LC |
| The enc | losed Articles of Am | endment and fee(s) are sub | mitted for filing. | | |
| Please re | eturn all corresponde | ence concerning this matter | to the following: | | |
| | - | | Name of Person ELD TECHNOLOGI | | 高岛 |
| | | NOTHERTIE | Firm/Company | E 2 | 器器 四 |
| | | 116 CALADIUM COURT | | | OCT 29 PM 1: 05 CRETARSEE, FLORID |
| | | BRADEN TON City/State and Zip Code | | | ATE RIOA |
| | - | FLORIC E-mail address: (1 | OA 34212 o be used for future annual report notification of mondal hot mai | nn) | |
| For furt | her information cond | erning this matter, please c | imondahotmai all: | 7.сом | |
| | PAUL GR Name of Pe | rmond Irson | at (941) 578 77 Area Code & Daytime Te | 140 dephone Number | - |
| Enclose | d is a check for the f | ollowing 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 For Certificate of Certified Copy (additional co | 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



21ST CENTURY TECHNOLOGY USA LLC
(Name of the Limited Liability Company as if now appears on our records.)
(A Florida Limited Liability Company)

| The Articles of Organization for this Limited Liabili | • | and assigned |
|--|---|------------------------------------|
| Florida document number <u>L 100009</u> | <u>711</u> 7 | |
| | | |
| This amendment is submitted to amend the following | g: | |
| A. If amending name, enter the new name of the | limited liability company here: | |
| ROTHERFIELD | TECHNOLOGIE | ES LLC |
| The new name must be distinguishable and end with the "L.L.C." | | |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET AL | ODRESS) | |
| | | |
| | | |
| Enter new mailing address, if applicable: | , | |
| (Mailing address MAY BE A POST OFFICE BOX | <u></u> | |
| | | |
| B. If amending the registered agent and/or re | aistered office address on our | records, enter the name of the new |
| registered agent and/or the new registered office | | records, ener the mante of the new |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | * * | , 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR ≈ Manager

MGRM = Managing Member Type of Action **Address** Title <u>Name</u> _ Add Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated 10-27-Signature of a member of authorized representative of a member PAUL GRIMOND. Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00