110000123485

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				

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L. SELLERS

JAN 2 1 2011

EXAMINER

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01/20/11--01003--010 **55.00



COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	allte	chgear, LLC	
		ited Liability Company	
The enclosed Articles o	of Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	oondence concerning this matte	r to the following:	
	1		
	· .	Marcus Lockett	
		Name of Person	
		Firm/Company	
-		r min/Company	
		10200 Gandy Blvd	
•		Address	
	, :	St. Pete, FL, 33702	•
		City/State and Zip Code	<u> </u>
	mar	cusjlockett@yahoo.com to be used for future annual report notifica	
For further information	E-mail address: (ation)
To further information	concerning this matter, please	zan;	
	arcus Lockett	&: (/	01-4858
Name	of Person	Area Code & Daytime	Γelephone Number
Enclosed 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 enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	:		
Regist	LING ADDRESS: tration Section	STREET/COURIE Registration Section Division of Corporat	

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

alltechge	ar, LLC			
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now a	ppears on our records.)		
(A Fiorida Limited L	навину Сотра	any)		
The Articles of Organization for this Limited Liability Company	were filed on	12/01/2010	and ass	igned
Florida document numberL10000123485				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	ility compan	v here:		
The new name must be distinguishable and end with the words "Limit	ted Liability C	ompany," the designation	n "LLC" or the a	abbreviation
"L.L.C."				
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)			•	
0				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
				
•				
B. If amending the registered agent and/or registered off	fice address	on our records, ente	r the name o	f the nev
registered agent and/or the new registered office address here	2:			
Name of New Registered Agent:		÷		
New Registered Office Address:				phonon many an
		Enter Florida street d	5 7 4152	i pa De.
		. Florida	20	ge stari E
, N	City	, 10114	Zip Gode	
New Registered Agent's Signature, if changing Registered Agent:			ြည္ဆို ယ္	
			29 11E	

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 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

Title	<u>Name</u> .	Address	Type of Action
MGRM	Kevin Harris	10460 Roosevelt Blvd N St.Petersburg, FL, 33716	✓ Add Remove
		·	
			Add Remove
	¥1		<u>.</u>
			Add Remove
•			
•	٠.		Add Remove
			Add
	15		Remove
	-		Add Remove
D. If amend	ling any other information, enter cha	nge(s) here: (Attach additional sheets, if necessary.)	
	ew company Address and Mailin		
10	460 Roosevelt Blvd N, St.Peters	burg, FL 33716 STE 187	_
	,		_
			
Dated	December 31 ;	<u>2010 </u>	
	Signature of a memi	per or authorized representative of a member	
		Marcus J Lockett	
	Тур	ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00