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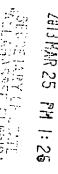




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COVER LETTER

	gistration Secti vision of Corpo		•	•		
SUBJECT:		Name of Limit	Chnologies Llade Liability Company	<u>. </u>		
The enclose	d Articles of An	nendment and fee(s) are sub-	mitted for filing.			
Please retun	all corresponde	ence concerning this matter	to the following:			
		Jos	e Gronzalez Name of Person			
			Name of Person	<u></u>		
		IB FCO	-technologies UC			
			Firm/Company			
			Address		Right B	
						- • 1
		miami Fl	33131 City/State and Zip Code - Weporation. Com be used for future annual report notificati		型型 茶 とは 22	
	•	0 .	City/State and Zip Code			7773
		INFOU IB	be used for future annual report notificati	on)		a see
For further i	nformation cond	terning this matter, please ca		<i>-</i> ,		
_Jc	82 600°	3063	at (<u>305) 2194795</u> Area Code & Daytime Te	lenhone Number		
	rame or re	i Son	Area code & Daytime Te	iepnone ivanioer		
Enclosed is	a check for the f	ollowing amount:				
\$25.00 F	iling Fee	□\$30,00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60,00 Filmg Certificate of Certified Contact (additional	of Status &	d)

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

echnologies	s Uc		
ompany as it now appears nited Liability Company)	s on our records.)		
npany were filed on	11/29/2010	_ and assigr	ned
d liability company here	:		
"Limited Liability Compan	y," the designation "LLC	් කි	reviation
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ed office address on ou	ur records, enter the	name of t	the new
			
Ente	an Florida esmast address	· ·	
ЕМЕ	A PIONAA SIFEELAAAFES.	3	
City	, Florida	Zip Code	
	ed office address on or shere:	d liability company here: "Limited Liability Company," the designation "LLC SSS) ed office address on our records, enter the shere: Enter Florida street address., Florida	mpany were filed on

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 amending the Managers or Managing Members on our records, <u>enter the title</u>, <u>name</u>, <u>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>		Type of Action
MGRM	Jose M. Gonzalez	848 Beckell De PHA	Add
		MIami Fl 33131	Remove
		(C) (C) (C) (C) (C) (C) (C) (C) (C) (C)	Add
		Estr.	Remove Add Remove
			Add Remove
			Add Remove

If amend	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ed	03 19 , 2013.
	Signature of a member of authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00

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