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2011 DEC 15 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. HAMPTON

DEC 16 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TECH DEVELOPMENT, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

IAN KNAPP
Name of Person

TECH DEVELOPMENT
Firm/Company

FLORIDA INNOVATION HUB at UF
747 SW 2nd Ave. Suite 352
Address

Gainesville, Florida 32601
City/State and Zip Code

KNAPPIAN8@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

IAN KNAPP at (352) 294-2724
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|--|--|---|

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

FILED

2011 DEC 15 AM 10:49

TECH DEVELOPMENT, LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on JANUARY 13, 2011 and assigned Florida document number L11000005641.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

FLORIDA INNOVATION Hub at UF
747 SW 2nd Ave. Suite 352
GAINESVILLE, FLORIDA 32601

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FLORIDA INNOVATION Hub at UF
747 SW 2nd Ave. Suite 352
GAINESVILLE, FLORIDA 32601

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Philip D. Wagner	2002 CAMDEN COURT ARLINGTON, TEXAS 76103	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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2011 DEC 15 AM 10:49
CLERK OF STATE
TALLAHASSEE, FLORIDA

Dated JANUARY 13, 2011.

George Georgiades

Signature of a member or authorized representative of a member

GEORGE GEORGIADES

Typed or printed name of signee