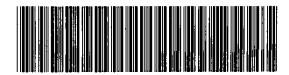
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2011 JUN -3 PM & 01

C. LEWIS

JUN 6 2011

EXAMINER

TO:	Registration Se Division of Cor	ction porations					
CLIBI	DOT-	Tèch Asscoiat	es International, Ll	_C			
SUBJ	ECT:		ted Liability Company	<u></u>	·.		
	. \$ *						
The er	closed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspondence concerning this matter to the following:							
			Steve Ayer				
			Name of Person				
Tech Ass			ssociates Internationa	I, LLC			
			Firm/Company				
•			5352 Dahlgren Drive				
Address					·		
New Port Richery, FI				52			
			City/State and Zip Code				
Steve			Ayer@TechAssocinti	.com			
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:							
	5	Steve Ayer	at (727_)	967-405	9		
Name of Person			Daytime Telephone	Number			
Englo	ed is a check for ti	ne following amount:					
	5.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is er	closed) C	.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed)		
	MAILI	ING ADDRESS:	STREET/C	OURIER ADDRI	ess:		

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

Tech Associate	s International	, LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appo ted Liability Company	ears on our records. 2011 JUN -9 PM 2 0		
The Articles of Organization for this Limited Liability Comp. Florida document number	oany were filed on	January 21, 20 TECKE TARY DESTATE		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company h	ere:		
The new name must be distinguishable and end with the words "l"L.L.C."	Limited Liability Com	pany," the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:	****			
(Principal office address MUST BE A STREET ADDRESS	<u> </u>			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered registered agent and/or the new registered office address Name of New Registered Agent:		our records, enter the name of the new		
New Registered Office Address:				
	E	Enter Florida street address		
		, Florida		
	City	Zip Code		
New Registered Agent's Signature, if changing Registered Age	ent:			
I hereby accept the appointment as registered agent and o the provisions of all statutes relative to the proper and co				

If Changing Registered Agent, Signature of New Registered Agent

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, 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>	Address	Type of Action
MGR	Marilyn Barker-Ayer	5352 Dahlgren Drive New Port Richey, FL 34652	Add Remove
			Add Remove
			Add Remove
	,		Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter ch	nange(s) here: (Attach additional sheets, if necessary.)	
			 -
			ZOII JUN SEGRE
Dated	May 311	2011	TARY O
		Steve Ayer ped or printed name of signee	FLORIDA OI
	Ty		STAIL STAILS
		Page 2 of 2	part .

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Filing Fee: \$25.00