## L11000011463

| (Re                                     | questor's Name)   | ·            |  |  |  |
|-----------------------------------------|-------------------|--------------|--|--|--|
| (Address)                               |                   |              |  |  |  |
| (Address)                               |                   |              |  |  |  |
| (Cit                                    | y/State/Zip/Phone | ∋ <b>#</b> ) |  |  |  |
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SECRETARY OF STATE
AND ASSEF, FLORIDA

C. LEWIS

AUG 2 2 2011

EXAMINER

## **COVER LETTER**

| TO:         | Registration Section As As Division of Corporations                                                                                                                                                                     |
|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| es<br>SUBJE | GCT: Global Tech Mechanical LLC                                                                                                                                                                                         |
| 0000        | Name of Limited Liability Company                                                                                                                                                                                       |
|             |                                                                                                                                                                                                                         |
| The en      | closed Articles of Amendment and fee(s) are submitted for filing.                                                                                                                                                       |
| Please      | return all correspondence concerning this matter to the following:                                                                                                                                                      |
|             | Maritza Rascon  Name of Person                                                                                                                                                                                          |
|             | Global Tech Mechanical LLC<br>Firm/Company                                                                                                                                                                              |
|             | 3223 Silver Lake Ct.                                                                                                                                                                                                    |
|             | Kissimmee, FL 34744  City/State and Zip Code                                                                                                                                                                            |
|             | maritza a global tech mechanical. com E-mail address: (to be used for future annual report notification)                                                                                                                |
| For fur     | ther information concerning this matter, please call:                                                                                                                                                                   |
|             | Maritza Rascon at (407) 350-6988  Name of Person Area Code & Daytime Telephone Number                                                                                                                                   |
| Enclose     | ed is a check for the following amount:                                                                                                                                                                                 |
| \$25        | .00 Filing Fee   Certificate of Status  Certified Copy (additional copy is enclosed)  S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed)  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

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| Global Tech<br>Name of the Limited I                                                       | Mechanical Liability Company as it now a Torida Limited Liability Comp | ppears on our recordeAL any) | CRETARY OF STATE<br>CAHASSEE. FLORIDA |
|--------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------|---------------------------------------|
| The Articles of Organization for this Limited Liab                                         |                                                                        | Jan. 27,2011                 | and assigned                          |
| This amendment is submitted to amend the follow                                            | ving:                                                                  |                              |                                       |
| A. If amending name, <u>enter the new name of t</u>                                        | he limited liability compan                                            | <u>y here</u> :              |                                       |
| The new name must be distinguishable and end with "L.L.C."                                 | the words "Limited Liability C                                         | ompany," the designation     | 'LLC" or the abbreviation             |
| Enter new principal offices address, if applical                                           | ole:                                                                   |                              |                                       |
| (Principal office address MUST BE A STREET                                                 | ADDRESS)                                                               | -                            |                                       |
|                                                                                            | ***************************************                                |                              |                                       |
| Enter new mailing address, if applicable:                                                  |                                                                        |                              |                                       |
| (Mailing address MAY BE A POST OFFICE B                                                    | <u> </u>                                                               |                              |                                       |
|                                                                                            |                                                                        |                              |                                       |
| B. If amending the registered agent and/or registered agent and/or the new registered offi |                                                                        | on our records, enter        | the name of the new                   |
| Name of New Registered Agent:                                                              |                                                                        |                              |                                       |
| New Registered Office Address:                                                             | 3223 Silver                                                            | Lake Ct.                     |                                       |
|                                                                                            |                                                                        | Enter Florida street ad      |                                       |
|                                                                                            | Kissimmee                                                              | , Florida _                  | 34744                                 |
|                                                                                            | 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 according 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

| SRM = 1     | Managing Member                        |                                             |                |
|-------------|----------------------------------------|---------------------------------------------|----------------|
| <u>e</u>    | <u>Name</u>                            | Address                                     | Type of Action |
|             |                                        |                                             | Add            |
|             |                                        |                                             | Remove         |
|             |                                        |                                             | Add            |
|             | <del></del>                            |                                             | Remove         |
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| famen       | ding any other information, enter chan | uels) here: (Attach additional sheets       | if necessary)  |
|             |                                        | • Owner 50%                                 |                |
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|             |                                        |                                             | SEORE<br>ALLAH |
| d           | August 17, 20                          | DTT.                                        | TAR<br>ASS     |
|             | Markon                                 | 3r                                          | m <sub>G</sub> |
|             |                                        | er or authorized representative of a member | 으로             |
|             | <u>Maritza</u>                         | Rascon<br>d or printed name of signee       | 2r             |

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Filing Fee: \$25.00