Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

**Electronic Filing Cover Sheet** 

(((H110001053373)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MARTIN ACCOUNTING & TAX SERVICE, INC

Account Number : I20060000012 Phone : (305)826-5886 Fax Number : (305)722-0535

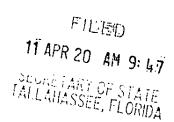
\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GF TECHNOLOGIES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



	CHNOLOGIES, LLC		
( <u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appea la Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Florida document number L11000043900	-	04/13/2011	and assigned
This amendment is submitted to amend the following	:		
A. If amending name, enter the new name of the li	imited liability company he	re:	
The new name must be distinguishable and end with the v "L.L.C."	words "Limited Liability Comp	апу," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:	<del></del>	·	
(Principal office address MUST BE A STREET AD.	DRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>		
		····	
B. If amending the registered agent and/or registered agent and/or the new registered office a		our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
<del></del>	74.	, Florida	7in Coda
	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>	Name	Address	Type of Action
MGRM	DE FRANCIA, AMELIA	10902 NW 83 STREET UNIT 202 MIAMI, FL 33178	Add  Remove
<u>MGRM</u>	DE FRANCA, AMELIA	10902 NW 83 STREET UNIT 202 MIAMI, FI 33178	☑ Add ☐ Remove
			Add Remove
			Add Remove
<del></del>			Add Remove
<u> </u>			Add Remove
D. If amend	ling any other information, enter cha	ange(s) here: (Attach additional sheets, if necessary.)	
_	ADDII 40	0044	
Dated	An	relia de Franca.	
		ber or authorized representative of a member	
		MELIA DE FRANCA ped or printed name of signee	****
	1уд	sed of bringed name of signes	

Page 2 of 2

Filing Fee: \$25.00