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D. BRUCE

MAY 23 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 4379 Crayton Road, 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:
Name of Person Tom 6. VEGA P. N. Firm/Company Not Street South #207 Address Address City/State and Zip Code Vegaotice Qembaramail. Com Bemail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
John G. Vega at (2301) 6501 - 3251 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$\ \text{Certified Copy} \\ \text{(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

4379 Cro	yton Road, L	LC	
(<u>Name of the Limited Lial</u> (A Flo	pility Company as it now appéars or rida Limited Liability Company)	our records.	
The Articles of Organization for this Limited Liabili		9 2011 and assigned	
This amendment is submitted to amend the followin	g:		
A. If amending name, enter the new name of the	limited liability company here:		
Geiger MOSCana		ologies, LLC	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company,"	the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable			
(Principal office address MUST BE A STREET A	DDRESS)		
		<u> </u>	
		The second	
Enter new mailing address, if applicable:		SOUTH NO OTHER DESIGNATION OF THE PERSON OF	
Mailing address MAY BE A POST OFFICE BOX		The state of the s	
		The state of the s	
B. If amending the registered agent and/or re		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 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:

MGRM =	anager Managing Member		•
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			AddRemove
			AddRemove
D. If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessa	ry.)
_ _ 			TIMAY 20 PHID 4
Dated	Signature\of a member	Tor authorized representative of a member	
	2 id	hard Compas none	<u>-</u>

Page 2 of 2

Filing Fee: \$25.00