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SEGRETARY OF STATE ABLAHASSEE, FLORIDA

## \* COVER LETTER

TO:

Registration Section

Division of Corporations				
SUBJECT:	<del></del>	TECHNOLOGIES LLC		
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.		
Please return all corresp	ondence concerning this matter	r to the following:		
		PHILIP JOSEPHSON		
		Name of Person		
	STERLING BUSINESS LAW			
		Firm/Company		
	2980 McFARLANE ROAD, SUITE 5-300			
		Address	<del> </del>	
		MIAMI, FL 33133		
		City/State and Zip Code		
		@STERLINGBUSINESSI		
	E-mail address: (	to be used for future annual report no	tification)	
For further information of	concerning this matter, please of	call:		
PHILI	P JOSEPHSON	at ( 305 )	443.3444	
Name (	of Person	Area Code & Dayt	me Telephone Number	
Enclosed is a check for t	he following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclos	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Regist Divisio P.O. B	LING ADDRESS: ration Section on of Corporations lox 6327 assee, FL 32314	STREET/COUI Registration Sectorities of Corp Clifton Building 2661 Executive ( Tallahassee, FL.	orations Center Circle	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## SILVER OAK TECHNOLOGIES LLC

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

The Articles of Organization for this Lir Florida document numberL110	• • •	MAY 16, 2011	and assigned
This amendment is submitted to amend	the following:		
A. If amending name, enter the new r	name of the limited liability company	<u>here</u> :	
The new name must be distinguishable and "L.L.C."	end with the words "Limited Liability Con	mpany," the designation "LL	C" or the abbreviation
Enter new principal offices address, if	f applicable:		
(Principal office address MUST BE A.	STREET ADDRESS)		
Enter new mailing address, if applical			
B. If amending the registered agent registered agent and/or the new registered.		n our records, enter the	name of the new
		Z.	⟨s <b></b>
Name of New Registered Ager	<u></u>	Ä Ä	
New Registered Office Addres	<u></u>	Enter Florida street adding	N T
	City	Florida, Florida	F. F. M.
New Registered Agent's Signature, if cha	anging Registered Agent:	RIDA	E S

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>	Address	Type of Action
MGRM	DAVID SILVER	11780 W. SAMPLE ROAD SUITE 101 CORAL SPRINGS, FL 33065	Add Remove 
<u>MGRM</u>	SCOTT SILVER	11780 W. SAMPLE ROAD SUITE 101 CORAL SPRINGS, FL 33065	Add Remove
MGRM	JEREMY BLOOM	11780 W. SAMPLE ROAD SUITE 101 CORAL SPRINGS, FL 33065	Add Remove 
<u>MGRM</u>	SILVER OAK GLOBAL LLC	11780 W. SAMPLE ROAD SUITE 101 CORAL SPRINGS, FL 33065	Add Remove
**************************************			Add Remove
			Add Remove
D. If amend	ing any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	
			_
			_
Dated	JUNE 2 , 20		
	, and the second	or authorized representative of a member	
		LIP JOSEPHSON or printed name of signee	
	i y peu	or printed fiame of signee	

Page 2 of 2

Filing Fee: \$25.00