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EXAMINER

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COVER LETTER

TO: Registration S Division of Co		·	,	•	
SUBJECT:	Sawr	nonkey LLC			
		ted Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	oondence concerning this matter	to the following:			
		Michael Sedita			
Name of Person					
		Firm/Company			
		16213 3rd St E			
Address Redington Beach FL 33708					<u>.</u>
				MIN HAY 24	-
City/State and Zip Code					
	E-mail address: (msedita@gmail.com to be used for future annual report notificat	tion)		Manage.
For further information	concerning this matter, please of	call:			(
M	ichael Sedita	at (908) 79	97-4727	~, G ;	
Name	of Person	Area Code & Daytime T	elephone Number		
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &	osed)
	LING ADDRESS:	STREET/COURIE	R ADDRESS:		
Registration Section		Registration Section	one		

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

	Sawmonkey LLC		
(Name of the Limited Liab (A Flor	ility Company as it now appea ida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability	ty Company were filed on	6/3/2011	and assigned
Florida document number L11000065955	<u>.</u> .		
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability company he	<u>re</u> :	
MS	3 Technologies LLC		
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Comp	any," the designation "I	LC" or the abbreviation
Enter new principal offices address, if applicable:	·		
(Principal office address MUST BE A STREET AL	ODRESS)		<u>1. 33</u>
		<u></u>	- 7 N
Enter new mailing address, if applicable:		<u></u>	2 F
(Mailing address MAY BE A POST OFFICE BOX		<u>ا</u> ت	T ≥ M
		For the second s	S S C
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, enter t	he name of the new
Name of New Registered Agent:			
•			
New Registered Office Address:	Eı	nter Florida street ada	Iress
		, 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:

MGR = Manager

	<u>Name</u>	Address	Type of Acti
			Remove
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_			Add Remove
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			Remove
			∏Add
			Remove
			AddRemove
men	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessar	
 , .			
			PHAY 21
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			HAY 24 AH RS 16
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Page 2 of 2

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