L11000073767

(Requestor's Name)
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PICK-UP WAIT MAIL
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EXAMINER



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07/22/11--01014--019 **25.00

2011 JUL 22 AM IN OF

COVER LETTER

TO:	Registration S Division of Co					
SUBJECT: Touch (o Systems LLC			
			ited Liability Company			
The en	closed Articles o	f Amendment and fee(s) are sul	bmitted for filing.			
Please	return all corresp	ondence concerning this matter	r to the following:			
	Kyle Scallan Name of Person					
			Name of Person	*		
	Touch Go Systems LLC			 	76 2 8	
	Firm/Company					
1828 Vista River Drive					JUL 22 CHETARY	1 ببنی سبی
	Address				100	i
			Valrico, FL 33596		AN A	
	City/State and Zip Code				STATE STATE	~
		Ksc	callan@sentryroad.com to be used for future annual report notification	nn)		
For fur	ther information	concerning this matter, please of	•	,,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		Kyle Scallan	a, (+)	3-1023		
	Name	of Person	Area Code & Daytime Tel	ephone Number		
Enclose	ed is a check for	the following amount:				
\$30.00 Filing Fee & Certificate of Status MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			(additional copy is enclosed) Certifie		iling Fee, ate of Status & d Copy onal copy is enclosed)	
		tration Section ion of Corporations Box 6327	STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Touch Go S	ystems LLC		
(<u>N</u> :	ume of the Limited Liability Comp (A Florida Limited	<mark>any as it now appear</mark> Liability Company)	s on our records.)	
The Articles of Organization	for this Limited Liability Compan	y were filed on	6-24-11	and assigned
Florida document number	L11000073767			
This amendment is submitted	to amend the following:			
A. If amending name, enter	the new name of the limited lia	bility company her	<u>e</u> :	
The new name must be distingu "L.L.C."	rishable and end with the words "Lin	nited Liability Compa	ny," the designation	"LLC" or the abbreviation
Enter new principal offices	address, if applicable:			7011 SEE
(Principal office address MU	<u>(ST BE A STREET ADDRESS)</u>			
Enter new mailing address, (Mailing address MAY BE A	• •			LED 22 MIN OF STATE ARY OF STATE ASSEE, FLORIDA
	ered agent and/or registered on new registered office address he		ur records, <u>enter</u>	the name of the new
Name of New Regis	stered Agent:			
New Registered Off	ice Address:	Eni	ter Florida street a	ddress
		23.00		·····
		City	, Florida _	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	Shane Soldinger	792 Katy Lane Huger, SC 29450	_☑ Add _☐ Remove
MGRM_	Matthew Moser	2129 Crimson Lake Lane League City, TX 77573	✓ Add ☐ Remove
			Add Remove
			☐ Add ☐ Remove
			Add Remove
D. If amendin	g any other information, enter change(s	here: (Attach additional sheets, if necessary)	Held Held
		here: (Attach additional sheets, if necessary)	- C
			-
Dated	July 20 , 2011		.
_	K	authorized representative of a member yle Scallan	
	Typed or	printed name of signee	

Page 2 of 2

Filing Fee: \$25.00