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(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
A. LUNT							
AUG 23 7911							
EXAMINER							

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COVER LETTER

Division of Co						
SUBJECT:	Elements .	AV Products LLC				
SUBJECT.		ted Liability Company		-		
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
		Frank S Lin		_		
Name of Person						
	Elei	Elements AV Products LLC				
Firm/Company				5	29	
	1560 Sawgra	grass Corporate Parkway 4th Floor			2011 AUG 22	77
		Address		AHASSEI	322	-
		Sunrise, FL 33323				
		City/State and Zip Code			3 ₹	
	m otification)	STATE	610			
For further information	concerning this matter, please of	call:				
	Frank S Lin	at (305)	400-1020		_	
Name of Person		Area Code & Day	time Telephone Numb	рег		
Enclosed is a check for	the following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	sed) Certific	Filing Fee cate of St ed Copy onal copy	tatus &	losed)
MAII	ING ADDRESS:	STREET/COL	IRIER ADDRESS:			

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

		Products LLC			
(Name of the Limited (A	Liability Compar	ny as it now appears	on our records.	12	
(A	i fonda Cilinica L	naomity Company)	ان خنوا کارستا		
The Articles of Organization for this Limited Li	ability Company	were filed on	6/27/2011	and assigned	
Florida document numberL11000074	1087		SS	22 5	
This amendment is submitted to amend the follow. A. If amending name, enter the new name of	_	ility company here:	ן היי	OF STATE	
A. It amending hame, enter the new hame of	the mineta mas	mty company nere.			
The new name must be distinguishable and end wit "L.L.C."	h the words "Limi	ted Liability Company	y," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applic	1560 Sawgrass Corporate Parkway 4th Floor				
(Principal office address MUST BE A STREE	Sunrise, FL 33323				
Enter new mailing address, if applicable:		1560 Sawgras	s Corporate Park	way 4th Floor	
(Mailing address MAY BE A POST OFFICE	Sunrise, FL 33323				
B. If amending the registered agent and/or the new registered of	_		r records, <u>enter t</u>	he name of the nev	
Name of New Registered Agent:					
New Registered Office Address:	1560 Sawgr	ass Corporate P	arkway 4th Flooi	r	
		Ente	r Florida street addi	ress	
		Westone	, Florida	33323	
		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

Type of Action Title Name **Address MGRM** Frank S Lin 1560 Sawgrass Corporate Parkway ✓ Add 4th Floor Remove Sunrise, FL 33323 ☐ Add ☐ Remove ☐ Add Remove Add 17 Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) August 16 2011 Dated _ Signature of a member or authorized representative of a member Frank S Lin Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00