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SECRETARY OF STATE

D. BRUCE
AUG 0 3 2011
EXAMINER

COVER LETTER

то:	Registration S Division of Co					
SUBJE	CT:	UFL	TECH, LLC			
			ited Liability Company	· · · · · · · · · · · · · · · · · · ·		
The end	closed Articles of	f Amendment and fee(s) are sul	bmitted for filing.			
Please 1	eturn all corresp	ondence concerning this matter	r to the following:			
			Matthew R. Herbolich		<u>. </u>	
			Name of Person			
		 	Firm/Company			
		2000	N. Bayshore Drive # 1604		ia Parti	
			Address		AUG -2 I	77
			Miami FL 33137		ESS ~ 1	-
			City/State and Zip Code		고유 모	
		MHE	RBOLICH@GMAIL.COM to be used for future annual report notifi	antion	PH PHOP	J
For furt	her information	concerning this matter, please of	•	cationy	PN 12 31	
	Matth	ew R. Herbolich	at (· • •)	3909499		
Name of Person			Area Code & Daytime	Telephone Num	ber	
Enclose	d is a check for t	he following amount:				
₹ 25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifi Certif	Filing Fee, icate of Status & ied Copy ional copy is encl	osed)

MAILING ADDRESS:

TO:

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

	UFLTE	ECH, LLC			
(Name of the Limite	ed Liability Com (A Florida Limite	pany as it now appeared Liability Company)	rs on our records.)		
The Articles of Organization for this Limited	ny were filed on	7/25/2011	and assigned		
Florida document numberL1100008	34720				
This amendment is submitted to amend the fo	llowing:				
A. If amending name, enter the new name	of the limited li	iability company her	<u>·e</u> :		
	Mind2Ma	arket, LLC			
The new name must be distinguishable and end w "L.L.C."	vith the words "L	imited Liability Compa	my," the designation "l	LLC" or the abbreviatio	
Enter new principal offices address, if appl	icable:	N/A			
(Principal office address MUST BE A STRE	ET ADDRESS)			Tie.	
				1	
				ATT SE TI	
Enter new mailing address, if applicable:		N/A	()	SAR 2	
(Mailing address MAY BE A POST OFFICE	E BOX)		<u> </u>	9 7	
			0.7	ST	
			/gr	ATE ON	
B. If amending the registered agent and			our records, enter t	the name of the nev	
registered agent and/or the new registered	omce address n	<u>iere</u> :			
Name of New Registered Agent:	N/A			<u> </u>	
New Registered Office Address:					
		Enter Florida street address			
		, Florida			
		City		Zin 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

MGRM ≈ Managing Member **Type of Action** Title Name <u>Address</u> Add Remove Remove □ Add ☐ Remove Remove □Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) ಯ July 29th 2011 Signature of a member or authorized representative of a member Matthew R. Herbolich Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00