211000093262

(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:

Office Use Only



600212271156

09/19/11--01042--010 **25.00

SECRETARY OF STÂTE FALLAHASSEE, FLORIDA

SEP 19 AM 8: 3:

J. SAULSBERRY EXAMINER

SEP 2 0 2011

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:		echnology Service	s, LLC		
	f Amendment and fee(s) are subsondence concerning this matter	ū			
	Howard Wir	nston Technology Serv Firm/Company	rices, LLC		
		Miami, FL 33132 City/State and Zip Code		201 TAL	
For further information	E-mail address: (concerning this matter, please of	amarine@swissmail.ol to be used for future annual repo call:	rg ort notification)	2011 SEP 19 SECRETARY	Maria de la companya
Howard Winston Name of Person		at (<u>305</u>) Area Code & i	758-7719 Daytime Telephone Number	AM 8:	
Enclosed is a check for	the following amount:			38 ITE NDA	
✓ \$25.00 Filing Fce	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	closed) Certified	e of Status &	
Regis Divisi P.O. I	tration Section from of Corporations Box 6327 hassee, FL 32314	Registration Division of C Clifton Build	Corporations ding tive Center Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Howard Winston Ted (Name of the Limited Liability Com (A Florida Limite	chnology Service pany as it now appear	Ces, LLC rs on our records.)		
(A Florida Limite	d Liability Company)			
The Articles of Organization for this Limited Liability Compa	ny were filed on	08/15/2011 and assigned		
Florida document numberL11000093262				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited li	ability company her	<u>e</u> :		
Howard Winston Cre				
The new name must be distinguishable and end with the words "L. L.C."	imited Liability Compa	my," the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)	<u></u>			
		HAT FP		
		SSE AAA		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)		E STA		
		38 30.		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		our records, <u>enter the name of the ne</u>		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, 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 Changing Registered Agent, Signature of New Registered Agent

II amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Ma MGRM = N	anager Managing Member		
<u>Title</u>	Name	Address	Type of Action
			Add Remove
			Add Remove
	 		Add Remove
			Add Remove
			Add Remove
			AddRemove
D. If amen	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary	v.) ——
			MII SEP 19 SECRETARY TALLAHASSE
Dated	September 15 2	011/	AM 8: 38
	,	f or authorized representative of a member Howard Winston	
	Typed	d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00