L11000136482

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SECRETARY OF STATE

C. LEWIS
FEB 2 7 2012
EXAMINER

COVER LETTER

тò: ́	Registration Secti Division of Corpo		de de sye e e one,	 . 4,
SUBJE	en KCT:	EMS Direct	ct Technology, LLC	, , , , , , , , , , , , , , , , , , ,
00202			nited Liability Company	
The end	closed Articles of Ar	nendment and fee(s) are su	ibmitted for filing.	
Please 1	eturn all correspond	ence concerning this matte	er to the following:	
			Michael Reynolds	
			Name of Person	
	<u>.</u>	EMS	S Direct Technology, l	LC
			Firm/Company	
		119	901 Hayden Lakes Cir	rcle
			Address	
			Jacksonville, FL 32218	3
			City/State and Zip Code	
		michae	l@emsdirecttechnolog (to be used for future annual rep	gy.com
For furt	her information con-	cerning this matter, please	-	·
	Michae	el Reynolds	at (904)	7785928
	Name of Po	erson	Area Code &	Daytime Telephone Number
Enclose	d is a check for the t	following amount:		
\$25 .	00 Filing Fee [\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is e	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

FILED

2012 FEB 24 PM 12: 42

EMS Di	rect Technology, LL	C SECRET	ARY OF STATE
EMS Di (<u>Name of the Limited Liabil</u> (A Florid	<mark>ity Company as it now appea</mark> a Limited Liability Company)	rs on our records.	SSEELFLÖRIÖA
The Articles of Organization for this Limited Liability			
Florida document number L11000136482	····		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company he	<u>re</u> :	
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Comp	any," the designation "l	LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADI	DRESS)		
		4. Mark 101 Was	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			7777
	Warred to the state of the stat		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		our records, <u>enter (</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:			····
	nter Florida street add	lress	
	Cin	, Florida	Zip Code
	City		гір Соае

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 Mariaging Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Amanda Reynolds	11901 Hayden Lakes Jacksonville, FL 3221	Circle Add 8 7 Remove
	· · · · · · · · · · · · · · · · · · ·		
* - (- (- (- (- (- (- (- (- (- 			Add Remove
			Add Remove
			AddRemove
			Add Remove
D. If amend	ding any other information,	enter change(s) here: (Attach additional s	heets, if necessary.)
_			2012 FEB
Dated	February 16		24 PM P: 42 RYPF STATE SSEE, FLORIDA
		72-	· ·
	Signatur	e of a member or authorized representative of a Michael Reynolds	member
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00