(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:			
'AUG 2 9 2012			
L. SELLERS			

Office Use Only



500238788175

08/24/12--01011--012 \*\*25.00

## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: Key Tech Consulting LLC Name of Limited Liability Company				
The enclosed Articles of Amendment and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Ryan Le Grange Name of Person				
Key Tech Consulting				
6015WZ3rd Rd Address				
City/State and Zip Code				
For further information concerning this matter, please call:				
Name of Person at (796) 515-8996  Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount:				
\$25.00 Filing Fee Certificate of Status  S55.00 Filing Fee Certified Copy (additional copy is enclosed)  \$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**

11.

Ÿ

Name of the Limited Liability Compa	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 1700043609.	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	bility company here:
The new name must be distinguishable and end with the words "Lim" L.L.C."	ited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	
Name of New Registered Agent:	
New Registered Office Address:	TASE 12
	Enter Florida street address F
	City $\stackrel{\sim}{=} Zip Code$
New Registered Agent's Signature, if changing Registered Agent:	FLO FLO

I hereby accept the appointment as registered agent and agree to act in this capacity. I further the 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
Miss	Ashley Terwilliger	6015W 73rd Rd Miamy, FL 33129	Add Remove
			Add Remove
			Add Remove
<del></del>			Add Remove
			Add Remove
			Add Remove
D. If amen —	ding any other information, enter change(	(s) here: (Attach additional sheets, if necessary.)	_
_			_
  Dated	August 21, 20	1)	
	Signature of a member o	സ്യൂ ് r authorized representative of a member	
	Ryante	Grange r printed name of signee	

Page 2 of 2

Filing Fee: \$25.00