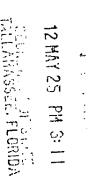
(Re	questor's Name)			
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PICK-UP	☐ WAIT	MAIL		
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B. BOSTICK
MAY 2 6 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: ALLIED M	LATERIALS TECHNOLGIES LLC			
Name of Limited Liability Company				
The enclosed Articles of Amendment	nt and fee(s) are submitted for filing.			
Please return all correspondence con-	ncerning this matter to the following:			
	WALTER BELOUS Name of Person			
	WTB RESOURCES CORP	-		
	38 GROPL Address	_		
	Address			
·	E. NORWICH NY 11732 City/State and Zip Code tungsten e. att. net	·		
	turgsten @ att. net	12 MAY 25		
	E-mail address: (to be used for future annual report notification)	AW 2		
For further information concerning the	this matter, please call:	1 '	, -	
WALTER BE	ELOUS at (516) 722-2839 Area Code & Daytime Telephone Numbe	PH 3: 11		
Name of Person	Area Code & Daytime Telephone Numbe			
Produced to a check fought 6 Header		مت. -		
Enclosed is a check for the following \$25.00 Filing Fee \$30.00	og amount: 00 Filing Fee & \$\int\\$55.00 Filing Fee & \$\int\\$60.00 Fil	ling Fee.		
	rtificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certified	ate of Status &	l)	
MAILING ADDR Registration Section Division of Corpor P.O. Box 6327 Tallahassee, FL 32	ion Registration Section prations Division of Corporations Clifton Building			
	Tallahassee, FL 32301			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALLIED MATERIAGS TECHNOLGIES LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Co	ompany were filed on $A\rho$	RIL 12, 2012 and assigned
Florida document number <u>L 12 0000 507</u>	30	-
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
ALLIED MATERIALS	TECHNOLOGIES	SLIC
The new name must be distinguishable and end with the word "L.L.C."		
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS)	
		12
	,	
Enter new mailing address, if applicable:		25 NS:
(Mailing address MAY BE A POST OFFICE BOX)		70 1-4
		(C) (D)
	.	
B. If amending the registered agent and/or regist	ered office address on our	records, enter the name of the new
registered agent and/or the new registered office add	ress here:	
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

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 **Title Type of Action** <u>Name</u> **Address** ☐ Add Remove ☐ Add Remove ☐ Add Remove □Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated 5/24/2012 Signature of a member or authorized representative of a member WALTER BELOUS

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00