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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: All Star Tech Support, LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filling.	
Please return all correspondence concerning this matter to the following:	
Jeffrey William Marsh	
Firm/Company	
2415 AShbury Circle	
2475 Ashbury Circle Adduss Cape Coral, FL, 33991 jeffrey @ jeflaurch.jo	
Jeffrey Diet Jaurch 10 E-mail address: (to based for future annual report notification)	29.1 SE
For further information concerning this matter, please call:	i
Jeffrey W. Marsh at 941, 313-4692 Area Code Daytine Telephone Number	5 A.Y
Gaine Officiality Treatment of Traytine Telephone Number	<u>ن</u> با بۇ
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Scrifficate of Status S55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy i	

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

ALL STAR T	ECH SUPPORT, LLC
(<u>Name of the Limited Liability Cor</u> (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L1200051084</u>	any were filed on 04/16/2012 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited I JETLAUNCH Digi The new name must be distinguishable and contain the words "Limited I."	
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS) <u> </u>
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	<u></u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address I	l office address on our records, <u>enter the name of the ney</u> here:
Name of New Registered Agent:	
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 605, 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 Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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ective date, if other that effective date is listed, the degree of the date inserted in tument's effective date on	this block does no	ing camor oc pi t meet the app	ficable statute	ing or more int	n 90 days aner r	iling.) Pors	
record specifies a de he 90th day after th			not an effe	ctive time,	at 12:01 a.	m, on t	he earlier
ed August	31	201	8 W /		,		
							

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Filing Fee: \$25.00