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(Re	equestor's Name)	
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(Ci	ty/State/Zip/Phone	= #)
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TO:

TO:	Registration Sec Division of Corp			e e	
	POLSTON	APPLIED TECHNOLOGIES	S SERVICE, LLC	pr 15	
SUBJE	CCT:		·		
	-Ai	Name of Lim	ited Liability Company		
The end	closed Articles of a	Amendment and fee(s) are sub	mitted for filing.		
Please i	return all correspon	ndence concerning this matter	to the following:		
		TREVOR MOORE			
			Name of Person		
		LEO LAW FIRM, LLC			
			Firm/Company		
		200 RANDOLPH AVENU	UE		
		HUNTSVILLE, AL 3580	Address		
		tmoore@leo-law.com	City/State and Zip Code		
		E-mail address: (to be used for future annual report noti	fication)	
		oncerning this matter, please c			
TREV	OR MOORE		256 539-6000 at ()		
	Name of	Person	Area Code Daytim	ne Telephone Number	
Enclose	ed is a check for th	e following amount:			
■ \$2:	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7	Street Address: Registration Se Division of Con The Centre of T 2415 N. Monro Tallahassee, FL	rporations Fallahassee se Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

POLSTON APPLIED TECHNOLOGIES SERVICE, LLC

(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our r Liability Company)	ecor <u>ds.</u>)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on NOVEMBI	ER 14, 2012 and ass	signed
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial USST SERVICE, LLC	pility company here:		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation	"LLC" or the abbreviation "L	.L.C."
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)			
		55-27	
		1232	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, g	nter the name of the nev	<u>w registerec</u>
		- 	
Name of New Registered Agent:			<u> </u>
New Registered Office Address:		72	. •
New Registered Office Address.	Enter Florida street d		
		, Florida	<u>. </u>
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>		
I hereby accept the appointment as registered agent and ago provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my dutic provided for in Chapter (es, and I am familiar wi 505, F.S. Or, if this doci	th and unent is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
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<u>lote:</u> If t	the date inserted	than the date he date must be s d in this block d e on the Depart	loes not me	et the applic	cable statuto	ing or more the ry filing requ	(option 90 days after airements, this	o nal) filing.) Pursua s date will no	nt to 605. <mark>0</mark> 20 t be listed a
record sp is filed.		ed effective date	e, but not ar	n effective t	ime, at 12:0	l a.m. on the	earlier of: (b) The 90th (day after the
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