

From: Jason Morales

Fax: +1 (813) 445-7110

to: (((H13000134579 3))) E Fax: +1 (850) 617-6383

Page: 2 Date: 6/13/2013 2:08

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Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : CONTRACTORS REPORTING SERVICES

Account Number : I20050000099

Phone : (813) 932-5244

Fax Number : (813) 932-3782

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: JASON@ACTIVATEMYLICENSE.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NAVIGATION TECHNOLOGY LLC

Certificate of Status	0
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13 JUN 13 PM 3:42
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TALLAHASSEE, FLORIDA

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2013 JUN 13 AM 7:54
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TALLAHASSEE, FLORIDA

JUN 14 2013

J. BRYAN

FAX**Date:** 6/13/2013**Pages including cover sheet:**

5

To:	(((H13000134579 3)))
Phone	
Fax Number	+1 (850) 617-6383

From:	Jason Morales
	Microsoft
	8510 N. ARMENIA AVE
	TAMPA
	FL 33613
Phone	+1 (813) 445-7084 * 102
Fax Number	+1 (813) 445-7084 * 102

NOTE:

COVER LETTER**TO: Registration Section
Division of Corporations****SUBJECT: NAVIGATION TECHNOLOGY 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:

JASON D. MORALES

Name of Person

CONTRACTORS REPORTING SERVICE, INC

Firm/Company

13795 N NEBRASKA AVE

Address

TAMPA, FL 33624

City/State and Zip Code

Jason@activatemylicense.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JASON D. MORALES

Name of Person

at

(813) 932-5244

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee☐ \$30.00 Filing Fee &
Certificate of Status☐ \$55.00 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**

NAVIGATION TECHNOLOGY LLC

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

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 06/12/2013 and assigned
Florida document number L13000085185.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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 office address on our records, enter the name of the new registered agent and/or the new registered office address 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JASON Y VENTO	4102 WOODACRE LN TAMPA, FL 33624	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	JUANY Y VENTO	4102 WOODACRE LN TAMPA, FL 33624	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated JUNE 13, 2013

Signature of a member or authorized representative of a member

JASON D. MORALES

Typed or printed name of signee