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SECRETARY OF STATE DIVISION OF CORPORATION OF CORPORATION

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COVER LETTER

то:	Registration Sec Division of Corp					
SUBJE	CT: B	REAK	PATH	TECHNI	2064	LLC
	···		Name of Limite	rd Liability Company	• /	
The end	losed Articles of A	Amendment and	fee(s) are subm	itted for filing.		
Please 1	eturn all correspor	idence concernii	ig this matter to	the following:		
		·	SWET	Name of Person	a Am	
				Name of Person		
				Firm/Company		
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			0 X V) 186 Te Address	<u> </u>	
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		13 K.C.	mail address: (to	be used for future annual	report notificatio	$\frac{(m)}{n}$
For furt	her information co					.,
	SWETH	77. Su	r.An	at (<u>914</u>)	899	9092
	Name of	Person		Area Code	Daytime Tele	phone Number
Enclose	d is a check for the	e following amo	unt:			
□ \$25	.00 Filing Fee	\$30.00 Fili Certificat	ng Fee & e of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is end		□ \$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

BREAK POTH TEC	HNOLUGY	LLC
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records	
The Articles of Organization for this Limited Liability Company v Florida document number <u>L 1800 D 14 03</u> 84	vere filed on 6/1/6	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabilite Enter new principal offices address, if applicable:	ty Company," the designation "LLC"	"Jor the abbreviation "L.L.C."
(Principal office address MUST BE A STREET ADDRESS)		P -977
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON)		CORPORATION:
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	fice address on our records :	s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	8
		orida Zip Code
	7.10	-7

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, 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
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