## L99000000153

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IVISION OF CORPORATION OF NOV. 2 PH 2: 15

T. HAMPTON

NOV - 8 2009

**EXAMINER** 

## **COVER LETTER**

TO:	Registration S Division of Co			
SUBJI	ECT:	ABLT Name of Limi	Technology LLC ted Liability Company	<u>.</u>
The en	closed Articles o	of Amendment and fee(s) are sub	omitted for filing.	
Please	return all corresp	oondence concerning this matter	to the following:	
		ABI	- Technology Ll	<u>-C</u>
	ABL Technology LLC  Name of Limited Liability Company  enclosed Articles of Amendment and fee(s) are submitted for filing.  The return all correspondence concerning this matter to the following:  Scot Abavay  Address  Dundee, FL 33838  City/State and Zip Code  Scot Abavay  Address  Area Code & Daytime Telephone Number  Desed is a check for the following amount:  Scot Of Filing Fee  Scot Certificate of Status  Certificate of Status  Certificate of Status & Certified Copy (additional copy is enclosed)			
		Dune	Jee, FL 338. City/State and Zip Code	38
		E-mail address: (1	cot@abltechno	ology, com
For fur	ther information	concerning this matter, please c	all:	
	Scort Name	Abaray of Person	at ( <u><b>863</b></u> <u>439</u> Area Code & Daytime To	6066- elephone Number
Enclos	ed is a check for	the following amount:		
<b>X</b> \$25	.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	/ Regis	LING ADDRESS: tration Section	STREET/COURIER Registration Section Division of Cornoration	

P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ABL Techr	rology L.C.	
( <u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our records. iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and end with the words "Limit 'L.L.C."	ted Liability Company," the designation	on "LLC" or the abbreviation
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		9 NOV
		V OT
		2 COS (1)
Enter new mailing address, if applicable:		<b>7</b>
Mailing address MAY BE A POST OFFICE BOX)		2 XX
		<b>: 61</b> € €
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		er the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	addrass
	Enter Florida Street	uuui ess
	, Florida	Zip Code
	City	zip Coae

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

IGRM = Ma	ager anaging Member		
<u>itle</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
<u>GRM</u>	Louis Langermann		Add Remove
			Add Remove
			Add Remove
<del></del>			Add Remove
. If amendi	ng any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	SECRETARY OF JIVISION OF CORPU  09 NOV -2 PM
 ated	10/28/ 20	909 	STATE DRATIONS 2: 15

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Filing Fee: \$25.00