

MO2 000000258

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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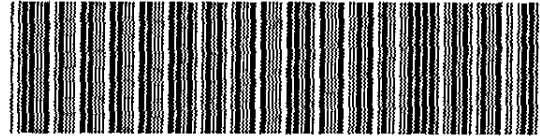
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11/14
[Signature]



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02 NOV 13 AM 9:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

October 28, 2002

Florida Department of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sirs:

Please find enclosed the application by foreign limited liability company to file amendment to change the name from North Star Communications Group Staffing Solutions, LLC to North Star Technical Services, LLC. You will also find a check in the amount of \$25.00 for the filing fee and a copy of the name change documents from the state of jurisdiction.

If you have any questions or need additional information, please contact me at (407) 625-8823.

Thank you for your assistance in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Michelle Turner", is written over a horizontal line.

Michelle Turner
Administrative Manager

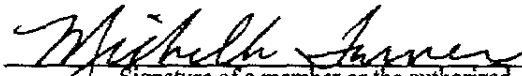
**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO
FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

SECTION I (1-3 must be completed)

1. Name of limited liability company as it appears on the records of the Florida Department of State: NORTH STAR COMMUNICATIONS GROUP STAFFING SOLUTIONS, LLC
2. Jurisdiction of its organization: DELAWARE
3. Date authorized to do business in Florida: JANUARY 30, 2002

SECTION II (4-7 complete only the applicable changes)

4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? MARCH 12, 2002
5. New name of the limited liability company: NORTH STAR TECHNICAL SERVICES, LLC
6. If the amendment changes the period of duration, indicate new period of duration: _____
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: _____
8. If the amendment corrects any false statement, indicate the statement being corrected and the correction: _____
9. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


Signature of a member or the authorized representative of a member

MICHELLE TURNER
Typed or printed name of signee

Filing Fee: \$25.00

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02 NOV 18 AM 9:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA