

L 11000102418 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

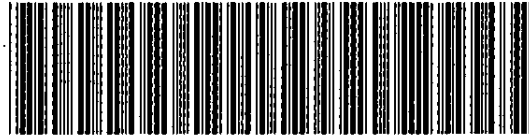
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
12 MAY 10 AM 11:58

FILED

B. BOSTICK
MAY 14 2012
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JJL COMPUTER GROUP, 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:

FRANCISCO J. VILLEGAS CPA
Name of Person
FRANCISCO J. VILLEGAS, CPA, P.A.
Firm/Company
100 ALMERIA AVENUE, SUITE 200
Address
CORAL GABLES, FLORIDA 33134
City/State and Zip Code
FJVILLEGAS@VILLEGASCPA.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FRANCISCO J. VILLEGAS at (305) 441-2105
Name of Person Area Code & Daytime Telephone Number

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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

* Changes were already made via the UBR for 2012. This amendment serves only as a paper trail for our records.

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

JJL Computer Group, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 09/07/2011 and assigned Florida document number L11000102418.

This amendment is submitted to amend the following:

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

n/a

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

Enter new principal offices address, if applicable:

n/a

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

n/a

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FLORIDA

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:

n/a

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.

n/a
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>
<u>MGR</u>	<u>Cesar Becerra-Garcia</u>	<u>100 Almenia Ave # 200</u> <u>Corral Gables, FL 33134</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>MGRM</u>	<u>Alberto Gomes de Almeida</u>	<u>100 Almenia Ave # 200</u> <u>Corral Gables, FL 33134</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>MGRM</u>	<u>Fernando Morales Rodriguez</u>	<u>100 Almenia Ave # 200</u> <u>Corral Gables, FL 33134</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>✓ MGRM</u>	<u>Rossana Segatto</u>	<u>100 Almenia Ave # 200</u> <u>Corral Gables, FL 33134</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>✓ MGRM</u>	<u>Diurantzis R.</u> <u>Rodriguez de Moraes</u>	<u>100 Almenia Ave # 200</u> <u>Corral Gables, FL 33134</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>✓ MGRM</u>	<u>Romina Marinucci</u>	<u>100 Almenia Ave # 200</u> <u>Corral Gables, FL 33134</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

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

12 MAY 10 AM 11:58
 FILED
 STATE DEPT OF STATE
 TALLAHASSEE, FLORIDA

Dated April 16, 2012.

Cesar Becerra
Signature of a member or authorized representative of a member

Typed or printed name of signee

PLEASE PRINT NAME AND ADDRESS OF MEMBER BEING ADDED OR REMOVED FROM RECORDS