117000045808

,	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:
	1

Office Use Only



200296401982

03/13/17--01011--008 **25.00

FILEU WAR 13 P 4 3

S Warren MAR 1 5 2017

COVER LETTER

. 5

TO:	Registration Section Division of Corpora			. .
SUBJE	ECT:		NET PRO, LLO ited Liability Company	<u>C</u>
The en	closed Articles of Amer	ndment and fee(s) are sub	mitted for filing.	
Please	return all corresponden	ce concerning this matter	to the following:	
		Gar	y L. Payne	
	-			
		COMPU	er Network Firm/Company	Professionals, LLC
			Firm/Company	
		127	Venice Pala	is Blud.
			Address	
		Ven	ice, Florida	34292
			City/State and Zip Code	
	_	E-mail address:	pne+pros @ oc to be used for future annual report notifi	ation COM
For fur	ther information concer	ning this matter, please co		······
(Gary L.	Payne	at (941) 587- Area Code Daytime	8377
	Name of Pers	on	Area Code Daytime	Telephone Number
Enclose	ed is a check for the fol	lowing amount:		
⊠′ \$2:	5.00 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**

COMPNE	TPRO, LLC
(Name of the Limited Liability Compar (A Florida Limited L	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on $\frac{\omega/27/2017}{8}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	
COMPUTER Networ The new name must be distinguishable and contain the words "Limited Liabili	ty Company" the designation "I I C" or the abbreviation "I I C"
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	127 Venice Palus Blud. Venice, FLorida 34292
Enter new mailing address, if applicable:	127 Venice Palus Blvd. Venice, Florida 34292
(Mailing address MAY BE A POST OFFICE BOX)	Venice, Florida 34242
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	:
Name of New Registered Agent:	Gary L. Payne 17 Venice Palms BlVd. Enter Florida street address
New Registered Office Address: / 3	17 Venice Palms BlVd. Enter Florida street address
	lenice Florida 34292 City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agre	e 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.

Page 1 of 3

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 = . M AMBR = A	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Bonnie S. Payne	127 Venice Palms Blud Venice, FLorida 34292)
		Venice, FLorida 3429?	Z □ Remove
			Change
		· · · · · · · · · · · · · · · · · · ·	□ Add
			□ Remove
			Change
			□ Add
			□ Remove
			_□ Change
			_□ Add
			_□ Remove
			_□ Change
			_□ Add
		72.0	_□ Remove
			_Crimge
		C Page	_D \(\lambda \) da
		S F	Remove
		35:	_□ Change
		(**z	- ,,

•					
	<u></u>			······································	
				· · · · · · · · · · · · · · · · · · ·	
	-				
	<u></u>				
		<u></u>			
					····
	-				
	<u></u>				
				<u></u>	
				,	
	 				
		f filing:		(option	al)
ective date, if other	er than the date of		to date of filing or more	e than 90 days after fil:	ing.) Pursuant to 605.0
e: If the date insert	er than the date of the date must be spec- ted in this block does	s not meet the applic	cable statutory filing i	requirements, this de	ate will not be listed
te: If the date insert	ted in this block does	s not meet the applic ent of State's records	cable statutory filing i	requirements, this d	ate will not be listed
e: If the date insert ument's effective de	ted in this block does ate on the D e partme	s not meet the applic int of State's records	cable statutory filing i	requirements, this d	ate will not be listed
e: If the date insert ument's effective de record specifies	ted in this block does ate on the D e partme	s not meet the applic int of State's records tive date, but no	cable statutory filing i	requirements, this d	ate will not be listed
te: If the date insert ument's effective di record specifies he 90th day afte	ted in this block does ate on the Departme a delayed effect	s not meet the applic int of State's records tive date, but no	cable statutory filing i	requirements, this d	ate will not be listed
te: If the date insert ument's effective di record specifies he 90th day afte	ted in this block does ate on the Departme a delayed effect	s not meet the applic int of State's records tive date, but no	cable statutory filing i	requirements, this d	ate will not be listed
te: If the date insert ument's effective di record specifies he 90th day afte	ate on the Department and delayed effect er the record is	s not meet the applicant of State's records tive date, but no filed.	cable statutory filing in the control of the contro	ne, at 12:01 a.n	n. on the earlier
te: If the date insert ument's effective di record specifies he 90th day afte	ate on the Department and delayed effect er the record is	s not meet the applicant of State's records tive date, but no filed.	cable statutory filing i	ne, at 12:01 a.n	n. on the earlier
te: If the date insert nument's effective de record specifies	ate on the Department and delayed effect er the record is	s not meet the applicant of State's records tive date, but no filed. , 201 re of a member of auth	cable statutory filing in the control of the contro	ne, at 12:01 a.n	n. on the earlier

Filing Fee: \$25.00

1