## L03000021624

| (Requestor's Name)                      | _ |  |  |  |
|---|---|--|--|--|
| (Address)                               |   |  |  |  |
|   |   |  |  |  |
| (Address)                               |   |  |  |  |
| (City/State/Zip/Phone #)                | _ |  |  |  |
| PICK-UP WAIT MAIL                       |   |  |  |  |
| (Business Entity Name)                  | _ |  |  |  |
|   |   |  |  |  |
| (Document Number)                       |   |  |  |  |
| Certified Copies Certificates of Status |   |  |  |  |
| Special Instructions to Filing Officer: |   |  |  |  |
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Office Use Only



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PILED
2010 OCT -7 PH 1: 33
SECRETARY OF STATE

J. SAULSBERRY EXAMINER

OCT 8 2013

## **COVER LETTER**

| TO:            | Registration S<br>Division of Co   |  |   |  |
|----------------|--|--|---|--|
| SUBJE          | CT:  | Compu  | iter Center LLC   |  |
|                |  |  | ited Liability Company  | <del></del>  |
| The en         | closed Articles o  | f-Amendment and fee(s) are su  | bmitted for filing:   |  |
| Please         | return all corresp   | oondence concerning this matte   | r to the following:   |  |
|                |  |  | Name of Person  |  |
|                |  | (  | Computer Center LLC   | <i>غ</i>   |
| Firm/Company   |  | 2010<br>SE   |   |  |
|                |  |  | PO Box 2373   | 2010 OCT -7 PM 1: 33 SECRETARY OF STATE ALLAHASSEE, FLORID,                              |
|                | Address  |  |   |  |
|                |  | D.   |   | 1-7 PM I   |
|                | Bonita Springs, FL 34133  City/State and Zip Code  |  |   |  |
|                | info@americanproperties 1.com E-mail address: (to be used for future annual report notification) |  |   |  |
| For furt       | her information  | E-mail address: 6  |   | 1)   |
| $\mathcal{L}$  | aniel Wa   | Waff   | at (239) 595-515  | 7  |
|                |  | of Person  | at (279 ) 595-5157<br>Area Code & Daytime Tele  | phone Number   |
| Enclose        | ed is a check for  | the following amount:  |   |  |
| <b>▼</b> \$25. | 00 Filing Fee  | \$30.00 Filing Fee & Certificate of Status   | S55.00 Filing Fee & Certified Copy (additional copy is enclosed)  | \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
|                | Regist<br>Divisi<br>P.O. E   | LING ADDRESS:<br>tration Section<br>on of Corporations<br>Box 6327<br>tassee, FL 32314 | STREET/COURIER A Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301 |  |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (N   | Computer Center LLC   |                            |                         |
|--|---|----------------------------|-------------------------|
| (Name of the Limited ) (A)   | Liability Company as it now apper Florida Limited Liability Company | ars on our records.)       |                         |
| The Articles of Organization for this Limited Lia Florida document number L030000216       | • • •   | June 13, 2003              | and assigned            |
| This amendment is submitted to amend the follow  | ving:   |                            |                         |
| A. If amending name, enter the new name of   | the limited liability company he                                    | ere:                       |                         |
| The new name must be distinguishable and end with "L.L.C."                                 | the words "Limited Liability Comp                                   | oany," the designation "LI | LC" or the abbreviation |
| Enter new principal offices address, if applica  | ble:  | ·                          |                         |
| (Principal office address MUST BE A STREET   | 'ADDRESS)   |                            |                         |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE B         | <u> </u>  | 1                          | SECRETARY O             |
| B. If amending the registered agent and/or registered agent and/or the new registered offi | registered office address on<br>ce address here:                    | our records, enter th      | 70 3                    |
| Name of New Registered Agent:  |   |                            |                         |
| New Registered Office Address:   | <u></u>   |                            |                         |
|  | E   | nter Florida street addre  | ?ss                     |
|  | City  | , Florida                  | 7in Code                |
|  | ( 113)  |                            | 7 10 ( O(10             |

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

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>                           | Address   | Type of Action   |
|--|---------------------------------------|---|------------------|
| MGRM   | Daniel Wolkoff                        |   | Add  Remove      |
| <u>MGRM</u>  | American Properties Group LLC         | PO Box 2373 Bonita Springs, FL 34133              | ✓ Add ☐ Remove   |
|  |                                       |   | Add Remove       |
| <del></del>  |                                       |   | Add Remove       |
| <del>- , , , , , , , , , , , , , , , , , , ,</del> |                                       |   | Add<br>Remove    |
| <del></del>  | · · · · · · · · · · · · · · · · · · · |   | Add<br>Remove    |
| D. If amendin                                      | ng any other information, enter chang | e(s) here: (Attach additional sheets, if necessar | (1).)<br>        |
|  |                                       |   | FILI 2010 OCT -7 |
| Dated  | 7/30 , 20                             | 10 .  | PH 1: 33         |
|  | /                                     | or authorized representative of a member          |                  |
| _  | Typed                                 | Daniel Wolkoff or printed name of signee          |                  |

Page 2 of 2

Filing Fee: \$25.00