

5/8/2020

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000137400 3)))



H200001374003ABCR

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
COMPUTER TECHNOLOGIES U.S.A. LLC**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 05 |
| Estimated Charge | \$25.00 |

R WHITE
MAY 11 2020

2020 MAY -8 AM 8:07

RECEIVED

[Electronic Filing Menu](#)[Corporate Filing Menu](#)[Help](#)

H20000137400 3

COVER LETTER**TO: Registration Section
Division of Corporations****SUBJECT: COMPUTER TECHNOLOGIES U.S.A. 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:

Name of Person
CAPITOL SERVICES - CORPORATE FILINGS TEAM

Firm/Company

515 EAST PARK AVENUE 2ND FL.

Address

TALLAHASSEE, FL 32301

City/State and Zip Code

regagent@capitalservices.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

855 498-5500
at ()
Name of Person Area Code Daytime Telephone Number

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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

H20000137400 3

H200001374003 0:00

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

COMPUTER TECHNOLOGIES U.S.A. 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 01/12/2005 and assigned Florida document number L05000008100.

This amendment is submitted to amend the following:

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

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

C/O MIRSKY AND ASSOCIATES, PLLC10 CUPSAW COURTNANUET, NY 10954

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

C/O MIRSKY AND ASSOCIATES, PLLC10 CUPSAW COURTNANUET, NY 10954

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:

CAPITOL CORPORATE SERVICES, INC.

New Registered Office Address:

315 EAST PARK AVENUE 2ND FL

Enter Florida street address


TALLAHASSEE, Florida 32301

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 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.



Krista Abair, Asst. Secretary on behalf
of Capitol Corporate Services, Inc.

If Changing Registered Agent, Signature of New Registered Agent

H200001374003

H20000137400 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 = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|--------------------|------------------------|--|
| MGR | ELLIS R. MIRSKY | 10 CUPSAW COURT | <input type="checkbox"/> Add |
| | | NANUET, NY 10954 | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| MGR | LAWRENCE RAXENBERG | 380 NORTH BROADWAY | <input checked="" type="checkbox"/> Add |
| | | SUITE 308 | <input type="checkbox"/> Remove |
| | | JERICO, NY 11753 | <input type="checkbox"/> Change |
| MGR | PHILIP ROSEN | 1500 WALNUT STREET | <input checked="" type="checkbox"/> Add |
| | | SUITE 805 | <input type="checkbox"/> Remove |
| | | PHILADELPHIA, PA 19102 | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

H20000137400 3

H20000137400 3

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

[illegible]


E. Effective date, if other than the date of filing: _____ (optional)

Effective date, if other than the date of filing: _____ (Optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated MAY 8, 2020

 Signature of a

Signature of a member or authorized representative of a member

ELLIS R. MIRSKEY

Typed or printed name of signee

Filing Fee: \$25.00

H20000137400 3