105000068276

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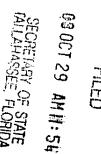
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M. THOMAS

OCT 3 0 2008

EXAMI

COVER LETTER &

TO: Registration Se Division of Cor				
SUBJECT: COMPLIT	FICO INTERNATIONAL	. LLC		
SUBJECT: Och C.		ited Liability Company)		
	Amendment and fee(s) are sub	•		
	Roark R. Monahan CPA			
		(Name of Person)		
	Monahan Mijares CPA P	A		
		(Firm/Company)		
	2519 Galiano Street, Ste	. 703		
		(Address)		
	Coral Gables, FL 33134			
		(City/State and Zip Code)		SE SE
For further information of	oncerning this matter, please o	all:		FILED 93 OCT 29 AM (1:54 SECRETARY OF STATE FALLAHASSFE, FLORIDA
Roark R. Monahan		at (305) 343-9848		PILLED REPUBLISHED SEE FLOO
(Name o	of Person)	(Area Code & Daytime Te	elephone Number)	IN: 54 STATE LORIDA
Enclosed is a check for th	e 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 St Certified Copy (additional copy	atus &

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

COMPUTICO INTERNATION					
(<u>Name of the Limited L</u> (A F	iability Compa Iorida Limited I	ny as it now appears on our reco liability Company)	<u>rds.</u>)		
The Articles of Organization for this Limited Liab	oility Company	were filed on 07/11/2005	and assigned		
Florida document number L05000068276	·				
This amendment is submitted to amend the follow	/ing:				
A. If amending name, enter the new name of the	<u>he limited liab</u>	ility company here:			
N/A					
The new name must be distinguishable and end with the "L.L.C."	the words "Limi	ited Liability Company," the design	nation "LLC" or the abbreviatio		
Enter new principal offices address, if applicable:		1580 Sawgrass Corporate Parkway, Suite 130			
(Principal office address MUST BE A STREET)	ADDRESS)	Sunrise, FL 33323			
•					
			28 2		
Enter new mailing address, if applicable:		Same	10C FACE:		
(Mailing address MAY BE A POST OFFICE BOX)			\$5 N		
			S T		
B. If amending the registered agent and/or registered agent and/or the new registered office			enter the same of the nev		
Name of New Registered Agent:	N/A				
New Registered Office Address:	N/A				
		(Enter Florida s	treet address)		
		Flo	rida		

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.

(City)

(Zip Code)

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

Title Name Address Type of Action

N/A		Add Remove
	·	Add Remove
		CREmove 4
D. If an	nding any other information, enter change(s) here: (Attach additional sheets, if necessar	- 60
Dated		
	Signature of a member or authorized representative of a member Luis Gomez	

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00