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(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:

L. SELLERS

MAR 31 2008

EXAMINER

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SECRETARY OF STATE
AND ANASSEF, FLORIDA

COVERLETTER

TO: Registration S Division of Co			
SUBJECT: Comput	ting.Net, LLC		to and the state of the state o
	(Name of Lim	ited Liability Company)	
		tu to est	
	f Amendment and fee(s) are sub	_	
Please return all corresp	ondence concerning this matter	to the following:	
	Justin A. Weber		
		(Name of Person)	
	Computing.Net, LLC		
		(Firm/Company)	
	8203 Whistling Pine		
		(Address)	
	Tampa, FL 33647		
		(City/State and Zip Code)	
For further information	concerning this matter, please of	eall:	
Justin A. Weber		at (813) 910-0161	
(Name	of Person)	(Area Code & Daytime	Felephone Number)
Enclosed is a check for	the following amount:		
\$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)

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

Computing.Net, LLC		
(Name of the Limited L (A F	lability Company as it now appears on our recor Florida Limited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Lial	bility Company were filed on 04/12/2006	and assigned
Florida document number <u>L06000038372</u>	·	
This amendment is submitted to amend the follow	ving:	
A. If amending name, <u>enter the new name of t</u>	the limited liability company here:	
The new name must be distinguishable and end with 'L.L.C."	the words "Limited Liability Company," the design	ation "LLC" or the abbreviation
B. If amending the registered agent and/or registered agent and/or the new registered offi		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	(Enter Florida street address)	
	(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.

(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
MĢRM	Justin Weber	8203 Whistling Pine Way Tampa, FL 33647	Add Remove
MGRM_	Justin A. Weber Revocable Trust	8203 Whistling Pine Way Tampa, FL 33647	Add Remove
			AddRemove
			Add Remove
<u> </u>	*		Add Remove
			Add
D. If amend	ling any other information, enter chan	ge(s) here: (Attach additional sheets, if nece	essary.)
Dated Marc			200 TAL
	Justin A. Weber, Trustee	er or authorized representative of a member	HAR 28
		Page 2 of 2	E PE