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SECRETARY OF STATE
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K. SALY JAN 23 2017

COVER LETTER

TO: Registration S Division of Co				
Computer	Professor LLC			
SUBJECT: Name of Limited Liability Company				
The enclosed Articles o	f Amendment and fee(s) are submitted for filing.			
Please return all corresp	ondence concerning this matter to the following:			
	Charles Cangialosi			
	Name of Person			
	Firm/Company			
	420 South 12th St.			
	Address			
	Leesburg FL 34748			
	City/State and Zip Code			
	ccangia@gmail.com			
	E-mail address: (to be used for future annual report notification)			
For further information	concerning this matter, please call:			
Charles Cangiatosi	352 460-1110			
Name	at () Of Person Area Code Daytime Telephone Number			
Enclosed is a check for t	the following amount:			
■ \$25.00 Falling Fee	S30.00 Filing Fee & Certificate of Status Certified Copy Certified Copy Certified Copy Cadditional copy is enclosed) Compared to the Copy Certified Copy Certified Copy Cadditional 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

ZOIT JAN 20 PM GO OT TALLAHASSEE, FLORIDA

Computer Professor LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

he Articles of Organization for this Limited Liability Company were filed on May 5, 2006 and assigned
lorida document number 1.06000049842
his amendment is submitted to amend the following:
If amending name, enter the new name of the limited liability company here: Charles CANGINOSI LLC
Charles CANGIAlosi LLC
he new name must be distinguishable and contain the words "Limited Eiability Company." the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:
Principal office address MUST BE A STREET ADDRESS)
nter new mailing address, if applicable:
Mailing address MAY BE A POST OFFICE BOX)
•
3. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> egistered agent and/or the new registered office address here:
New Registered Office Address:
egistered agent and/or the new registered office address here:
Name of New Registered Agent: New Registered Office Address: Emer Florida street address
Name of New Registered Agent: New Registered Office Address: Emer Florida street address City Zip Code
Name of New Registered Agent: New Registered Office Address: Emer Florida street address

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being or removed from our records:			
MGR = M		FILED 2017 JAN 20 PM GO 1	
<u>Title</u>	<u>Name</u>	Address SECRETARY OF STATE FALLAHASSEE, FLORIDA	Type of Action
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f an cti <mark>Note:</mark>	ive date, if other than the date of filing:
ne red The	cord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of: 90th day after the record is filed.
Dated	Signature of a member of authorized representative of a member
	Churlus Cumuialari
	Charles Cangialosi

Page 3 of 3

Filing Fee: \$25.00