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EXAMINER



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SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

TO: Registration S Division of Co			,
SUBJECT:	THE COMPU	TER RANGERS LLC	
SUBJECT.		ted Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		AARON SPIES	
		Name of Person	
	THE CO	OMPUTER RANGERS LLC	;
		Firm/Company	
1740 SETTING SUN LOOP			
Address			
	CASSE	ELBERRY FLORIDA 32707	,
		City/State and Zip Code	
	SUPPORT	@TCRTECHNOLOGIES.C to be used for future annual report notif	OM
			ication)
For further information	concerning this matter, please of	call;	
A	ARON SPIES	at (407)	243-8880
Name	of Person	Area Code & Daytim	e 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)
	LING ADDRESS: tration Section	STREET/COURI Registration Section	
	ion of Cornorations	Division of Corne	

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE COMPUTER RANGI			
(Name of the Limited Liability Company as it now (A Florida Limited Liability Cor	y appears on our records.) mpany)		
The Articles of Organization for this Limited Liability Company were filed	on5/18/2006	2006 and assigned	
Florida document numberL06000051237			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability compa	any here:		
The new name must be distinguishable and end with the words "Limited Liability "L.L.C."	Company," the designation "	LLC" or the abbreviation	
Enter new principal offices address, if applicable:		<i>≥</i>	
(Principal office address MUST BE A STREET ADDRESS)		A S	
		A TOMORIUM	
		SEC 5	
Enter new mailing address, if applicable:	,	To R IT	
(Mailing address MAY BE A POST OFFICE BOX)			
		Dri O	
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	ss on our records, <u>enter</u>	the name of the nev	
Name of New Registered Agent:			
New Registered Office Address:	P.A. Planting	J	
	Enter Florida street add	iress	
City	, Florida	Zip Code	
City		гір Сойе	

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
<u>MGRM</u>	NELSON ROMAN JR.	4510 BROOKHOLLOW CIRCLE WINTER SPRINGS FL 32708	Add Remove
			Add Remove
	·		Add Remove
	·		Add Remove
 			Add Remove
			Add Remove
D. If amend	ling any other information, enter ch	nange(s) here: (Attach additional sheets, if necessary.)	
			
	OCTORED 24		
Dated	OCTOBER 31 Signature of a me	2010 . mber or authorized representative of a member	territoria de la composição de la compos
		AARON SPIES	
	T	yped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00