

100242231401

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EXAMINER



100242231401

12/14/12--01003--021 **30.00

FILED
12 DEC 14 PM 2:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Computer Solutions of Florida 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:

Luis Daniel Bernal

Name of Person

Computer Solutions of Florida LLC

Firm/Company

240 Agua Vista St.

Address

DeBary, FL

City/State and Zip Code

info@computersolutionsofflorida.com

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

For further information concerning this matter, please call:

Sandra Bernal

Name of Person

at (**407**)

804-0077

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Computer Solutions of Florida 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 September 21, 2006 and assigned Florida document number L06000092940.

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 end with 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)

240 Agua Vista St

DeBary, FL 32713

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

240 Agua Vista St

DeBary, FL 32713

12 DEC 14 PM 2:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Luis Daniel Bernal

New Registered Office Address:

240 Agua Vista St

Enter Florida street address

DeBary

Florida

32713

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

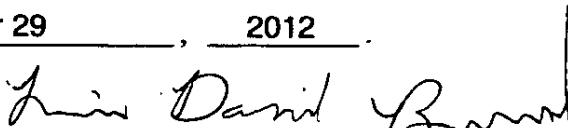
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Luis Daniel Bernal	240 Aqua Vista St DeBarv. FL 32713	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Sandra Melissa Bernal	240 Aqua Vista St DeBarv. FL 32713	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Peter Dom Kennell	956 Cassadaga Rd Lake Helen, FL 32744	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Please make the above amendments effective January 1, 2013.

Dated November 29, 2012



Signature of a member or authorized representative of a member

Luis Daniel Bernal

Typed or printed name of signee