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(Re	equestor's Name)			
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Certified Copies	Certified Copies Certificates of Status			
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Special Instructions to	Filing Officer:	·		
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SECRETARY OF STATES
TALLAHASSEE, FLORIDS

Office Use Only

COVER LETTER

TO: Registration Se Division of Con					
SUBJECT: TEC	Name of Limi	COMPUTERS ted Liability Company	<u> </u>		
The enclosed Articles of	Amendment and fee(s) are subs	nitted for filing.			
Please return all correspo	ondence concerning this matter t	to the following:			
	DESONAH TELHNO G	Name of Person FEEL COMPLETE Firm/Company	es ccc		
	4320 CAL,	Address FC 32159 City/State and Zip Code (a) IA Hoo, Co o be used for future annual report notifi	<u> </u>	2014 FEB -3 MA 2 31 SECRETARY OF STATE PALLAHASSEE, FLORIDA	
For further information of	concerning this matter, please ca	dl:		> <u> </u>	
DESORAH Name o	LYNN TAC	at (352) 702 Area Code Daytime	- 2347 Telephone Number	antion can	
Enclosed is a check for t	he 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 Certificate of Certified Co (additional cop	of Status &	

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 ARTICLES OF ORGANIZATION

ECHNO OMPUTERS (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 FEB 28, 2007 Florida document number <u>L07000023182</u> 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address 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 605, 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

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member <u>Title</u> <u>Name</u> <u>Address</u> Type of Action 4320 CALAMONDIN ST MAdd

LADY LAKE FC 32154 Remove MGR DAVID ROSENRAUCH ☐ Remove □ Add ☐ Remove _□ Add ☐ Remove □ Add ☐ Remove

D. If amendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
A	dding DAVID ROSENRAUCH as 50%	
	OWNER / MEMBER	
CH.	ANGING DESORAHLYNN TAL AS 50%	
Ou	UNER MEMBER	
E. Effective d	late, if other than the date of filing: 01/01/2014 (optional) date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after document is filed by the Florida Department of State)	
Dated	Delough of Sel	A T
•	Signature of a member or authorized representative of a member	
	Debovah L. Tal Typed or printed name of signee Typed or printed name of signee	平33

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Filing Fee: \$25.00