L07000024919

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ALL AHASSEE, FLORIDA

B. BOSTICK
APR 2 5 2011
EXAMINER

COVER LETTER

	ation Section of Corporations		
SUBJECT:	More PC Solutions, LLC Name of Limited Liability Company		
The enclosed Arti	icles of Amendment and fee(s) are submitted for filing.		
Please return all c	correspondence concerning this matter to the following:		
	Yoggni José Horeno Name of Person		
	MORE PC Solutions LLC Firm/Company		
	4800 NW 79 AVE Apt 102 Address	·	
	Doral FL 33166 City/State and Zip Code		
	E-mail address: (to be used for future annual report notification)	11 APR SEURE: TALLAHA	
For further inform	nation concerning this matter, please call:	22 ≱≲8	**************************************
	Egni José Horeno at (786) 317 8783		1.1
	Name of Ferson Area Code & Daytisie Felephone Number	PH 2: 03 STATE E. FLORIDA	i agrad
Enclosed is a chec	ck for the following amount:		
⊠ \$25,00 Filing I	Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified Copy	e of Status &	ed)

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

More PC So	olutions LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on ed Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Comparing April 1988 Plorida document number <u>L0700024919</u> .	any were filed on 03	and assignment	gned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	iability company here:		
The new name must be distinguishable and end with the words "L "L.L.C."	imited Liability Company,"	he designation "LLC" or the ab	breviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	·		
			
Enter new mailing address, if applicable:		22 55 55 75 75 75 75 75 75 75 75 75 75 75	1
(Mailing address MAY BE A POST OFFICE BOX)		C G R	111
		2: 10 10	Samuel .
		71 O O	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our r	ecords, enter the name of	the new
	 -		
Name of New Registered Agent:			······································
New Registered Office Address:	E-ton E	orida street address	
	Emer Fi	oriau sireei aaaress _	
	<u></u>	, Florida	
	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>		Address		Type of Action
HGEH	Julio G	risales	P.O Box 50 MIGNIFL	21731 33152	Add Remove
					Add Remove
	 				Add Remove
					Add Remove
	_/				Add Remove
		· · · · · · · · · · · · · · · · · · ·			Add
D. If ame	ending any other inforn	nation, enter change	(s) here: (Attach additio	nal sheets, if necessary.)	PH 2: 00
-					
-					
Dated	Miami April	20, 20	Oleco		
	S	:	or authorized representative 1069Ni José or printed name of signee	e of a member Horen D	
			•		

Page 2 of 2

Filing Fee: \$25.00