L07000024919

(Requestor's Name)	
(Address)	
(Address)	
,	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
(Essentistic variation)	
0.15.10.1	
Certified Copies Certificates of Status	·
Special Instructions to Filing Officer:	
	ļ
	i
]

Office Use Only



400208206494

05/31/11--01030--003 **25.00

COVER LETTER

Division of Corporations
UBJECT: More PC Solutions LLC
Name of Limited Liability Company
he enclosed Articles of Amendment and fee(s) are submitted for filing.
ease return all correspondence concerning this matter to the following:
JOE J. Moreno Name of Person
More PC Solutions LLC Firm/Company
Firm/Company
4800 NW 79 AVE #102 Address
Address
Dorol FL 33166 City/State and Zip Code
TOEMOTENO 74 Chotmail. wm E-mail address: (to be used for future annual report notification)
or further information concerning this matter, please call:
Joe J. Horeno at 786 3178783 Name of Person Area Code & Daytime Telephone Number
Name of Person Area Code & Daytime Telephone Number
sclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{\$\text{Certified Copy (additional copy is enclosed)}} \text{\$\text{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

More P	C SoluTI	.005	LLC		
(Name of the Limited) (A)	iability Company Iorida Limited Lia	as it nibility (ow appears or company)	our records.)	
The Articles of Organization for this Limited Lial		vere file	ed on <u>C</u>	3/06/20	007 and assigned
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	he limited liabili	ty con	pany here:		
The new name must be distinguishable and end with "L.L.C."	the words "Limite	d Liabi	lity Company,"	the designation '	'LLC" or the abbreviation
Enter new principal offices address, if applical	ole:				
(Principal office address MUST BE A STREET	ADDRESS)				
					·· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE B	<u>0X)</u>				
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address here:	e add	ress on our	records, <u>enter</u>	the name of the new
Name of New Registered Agent:	Joe	J.	Horens	Ö	
New Registered Office Address:	4900 M	JW	79 Ave	# 102	
	Enter Florida street address				
	D0 60	.\		, Florida	33166 Zip Code
		City		 /	Zip Code
New Registered Agent's Signature, if changing Re-	gistered Agent:				
hereby accept the appointment as registered the provisions of all statutes relative to the proaccept the obligations of my position as registed being filed to merely reflect a change in the region of this change in the change in this change in the change	per and comple ered agent as pr gistered office a ange.	te perf ovided ddress	formance of m for in Chapt I hereby con	ny duties, and I er 608, F.S. Or, ofirm that the li	am familiar with and if this document is mited liability
	If Changi	ng Regi	stered Agent, <u>Si</u>	gnature of New Ro	egistered Agent

Page 1 of 2

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

Title <u>Address</u> **Type of Action** <u>Name</u> Add Remove ☐ Add Remove ☐ Add Remove Add Remove □Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) amendment I became a US new name will be 2011 May 23 Dated Mia me Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00