## 197000016947

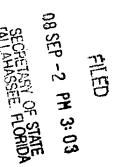
(Re	equestor's Name)	<u>.</u>		
(Ac	ldress)	· · · · · · · · · · · · · · · · · · ·		
	ldress)			
(AC	idress)			
(Cit	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nar	ne)		
(Do	ocument Number)	·		
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
		:		
·				

Office Use Only



000135103830

09/02/08--01035--018 \*\*25.00



M. THOMAS

SEP - 3 2008

**EXAMINER** 

## **COVER LETTER**

TO: Registration Sec Division of Corp				
SUBJECT: Morba (	Computer Services, (Name of Lim	LLC ited Liability Company)		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	Abrom Douglas III			
		(Name of Person)	<del> </del>	
Abrom Douglas Photography 무엇. 보				
		(Firm/Company)	P. P.	
2655 Ulmerton Rd. #170				
		(Address)	ين ۾ تا	
	Clearwater, FL 33762			
		(City/State and Zip Code)		
For further information co	oncerning this matter, please c	all:		
Abrom Douglas III		at ( 813 ) 368-0588		
	f Person)	(Area Code & Daytime T	elephone Number)	
Enclosed is a check for th	e 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

Morba Computer Services, LLC		<u>====</u>	
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) liability Company)	•	
The Articles of Organization for this Limited Liability Company Florida document number <u>L07000066947</u> .	were filed on June 25th, 2007	and assigned	
This amendment is submitted to amend the following:	•	Q.	
A. If amending name, enter the new name of the limited liab	ility company here:	FEG SEP	
Abrom Douglas Photography, LLC		過少	
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Company," the designation '	LLC" or the abble viation	
Enter new principal offices address, if applicable:	2655 Ulmerton Rd. #170	- 6 <u>51</u> 0	
(Principal office address MUST BE A STREET ADDRESS)	Clearwater, FL 33762		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	2655 Ulmerton Rd. #170 Clearwater, FL 33762		
B. If amending the registered agent and/or registered office address here	•	the name of the new	
Name of New Registered Agent:	<u>, , , , , ,, , , , , , , , , , , ,</u>	•	
New Registered Office Address:	(Enter Florida street ac	Idress)	
	•		
	, Florida (City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent:	•		

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

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with

company has been notified in writing of this change.

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 = M MGRM =	anager Managing Member		
<u>Title</u>	Name	Address	Type of Action
			Add Remove
			Add Remove
			Addeg
			Remotion 2
,			RATES STATE
			Add And Remove
			Add Remove
D. If amen 	ding any other information, enter change	e(s) here: (Attach additional sheets, if necessar	<i>y.)</i> 
<del>•</del>	···-		<del></del>
<del></del>			
Dated $A_{i}$	ngust 28th , 200	<u>08</u> .	
	Signature of a member Abrom Douglas	or authorized representative of a member	
	Typed	or printed name of signee	<del>_</del>

Page 2 of 2

Filing Fee: \$25.00