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VALUANASSE FLORIDA

FEB 2 8 2012 D BRUCE

## **COVER LETTER**

Division of Corporations				
SUBJECT: COMPUEZ, LLC  Name of Limited Liability Company				
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:				
FILIPE MARINHO QUIRINO Name of Person				
COMPUEZ, LLC Firm/Company				
Firm/Company				
2611 CARAMBOLA CIR NORTH				
Address				
COCONUT CREEK, FLORIDA 33066  City/State and Zip Code				
City/State and Zip Code				
PCTECH. FILIPE @ GMIL. COM E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:	35일 일본 6.			
ETPE QUIRING ON 100				
FILPE QUIPIND at (954) 608-0660  Name of Person Area Code & Daytime Telephone Number	所の PM 2007 200 200 200 200 200 200 200 200 200			
	55 S			
Enclosed is a check for the following amount:				
□ \$25.00 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	tatus &			

MAILING ADDRESS:

TO:

**Registration Section** 

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**

COMPUEZ, LLC	
(Name of the Limited Liability Company as i	t now appears on our records.)
The Articles of Organization for this Limited Liability Company were	filed on 02/19/608 and assigned
Florida document number <u>LO 8 0000 1771 9</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability c	ompany here:
UNDERWAY MARINE SERU	ICES, LLC
The new name must be distinguishable and end with the words "Limited Lia"L,L,C."	ibility Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	27
	AD. m
	10 TO
Enter new mailing address, if applicable:	m-c G
(Mailing address MAY BE A POST OFFICE BOX)	20
	1921
<del></del>	5 Si
B. If amending the registered agent and/or registered office a	ddress on our records, enter the name of the new
registered agent and/or the new registered office address here:	
Name of Nau Pagistanad Agants	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Enter rioriaa sireet aaaress
	, Florida Zip Code
City	z zip Code
New Pagistared Agent's Signature if changing Pagistared 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	
			Add	
			Remove	
			Remove	
			Add	
			Remove	
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D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	CHANGE OR CLOSE "COMPUTEREZ"
	FICTICIOUSE NAME.
Dated	· · · · · · · · · · · · · · · · · · ·
	98
	Signature of a member or authorized representative of a member  FILIPE MARINO QUIRINO  Typed or printed name of signee
	•
	Page 3 of 3
	Filing Fee: \$25.00