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S. HAWKES

DEC -1 2009

EXAMINER

COVER LETTER

(iii)

TO: Registration Section Division of Corporations
SUBJECT: Advanced Computer & Network Services LL 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:
D'Neil Name of Person
Advanced Computer & Network Services, LLC
P.O. Box 25886
Tamarac, FL 33320 City/State and Zip Code
Charles & Hotman. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
D'Neil Dayes at 754 234 9602 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee \$\ \text{\$\subseteq}\$\$30.00 Filing Fee & \text{\$\subseteq}\$\$\$55.00 Filing Fee & \text{\$\subseteq}\$\$\$\$\$60.00 Filing Fee, Certified Copy \text{\$\subseteq}\$\$\$\$Certificate of Status & Certified Copy \text{\$\subseteq}\$

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

Advanced comp	onter and Network Services, IT
(<u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Co	empany were filed on 06 26 08 and assigned
Florida document number	62504
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ed liability company here:
The new name must be distinguishable and end with the word "L.L.C."	s "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	ONEIL DAYES
(Principal office address MUST BE A STREET ADDRE	355) 7771 Grande ST
	Sunrise, Fl 33351
Enter new mailing address, if applicable:	PO BOX 25886
(Mailing address MAY BE A POST OFFICE BOX)	TAMAJAC, FL33320
B. If amending the registered agent and/or registered agent and/or the new registered office addresses	red office address on our records, enter the name of the new ess here:
	Inlaid Daviso
Name of New Registered Agent:	NOT DAYES
New Registered Office Address:	171 Glande ST
	Enter Florida street address
S	unlise Florida 3335
	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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>Owne</u> r	O'Neil Dayes	7771 Grange ST Sun lise F1 3385	Add Remove
<u>jornai</u> p	wa Josephine Jacks	SUNGE DU 33351	Add Remove
			Add Smove
. 		·	Add Add Reingle
		50	STATE OF STA
			Add Remove
D. If amen	nding any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	
			
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Dated	$\mathcal{O}^{\prime}_{\Lambda}$	eil Dayes	
	Signature of a member	or authorized representative of a member	
	Typed	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00