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SECRETARY OF STATE TALLAHASSEE, FLORIDA

9 MAR -3 AM M: 18

M. THOMAS

MAR - 4 2009

EXAMINER

COVER LETTER

TO: Registration Sec Division of Corp							
SUBJECT: AVR LABS, LLC (Name of Limited Liability Company)							
The enclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.					
Please return all correspon	ndence concerning this matter t	to the following:					
	Jim Booth						
		(Name of Person)					
	Bluewater Computer Pros	3					
		(Firm/Company)					
	67 Bahia Trace Crse						
		(Address)					
	Ocala, Florida 34472						
		(City/State and Zip Code)					
For further information co	oncerning this matter, please ca	ılı:					
Jim Booth		at (352) 342-9802		χ 29			
(Name o	f Person)	(Area Code & Daytime T	Telephone Number)	09 MAR -3 SECRETARY	二		
Enclosed is a check for th	e following amount:		ini To	? ₹	5		
□ \$25.00 Filing Fee	☑\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Certified Copy (additional copy is				

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

AVR LABS, LLC				
(Name of the Limite	<u>d Liability Compa</u> A Florida Limited L	ny as it now appear Liability Company)	<u>'s on our records.</u>)	
The Articles of Organization for this Limited Liability Company were filed on 11/05/2008 and assigned				
Florida document number 1.08000103373	· +			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited liab	ility company her	ē :	
Bluewater Computer Pros, LLC				
The new name must be distinguishable and end w "L.L.C."	ith the words "Limi	ited Liability Compa	my," the designation "LLC" or the abbreviat	ion
Enter new principal offices address, if applicable:		67 Bahia Trace Crse		
(Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		Ocala, Florida 3	4472	-
		fice address on o	SECRETARY OF STATE of the n	- <u> </u>
Name of New Registered Agent:	Jim Booth			_
New Registered Office Address:	67 Bahia Trad	e Crse		
		(Enter Florida street address)		
	Ocala		, Florida <u>34472</u>	_
		(City)	(Zip Code)	
New Registered Agent's Signature, if changing	Registered Agent:	i.		
I hereby accept the appointment as register the provisions of all statutes relative to the				ıd

Page 1 of 2

(If Changing Registered Agent, Signature of New Registered Agent)

Jim Booth)

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 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
MGRM	Tom Booth	67 Bahia Trace Crse Ocala, Florida 34472	Add Remove
MGR	Jim Booth	67 Bahia Trace Crse Ocala, Florida 34472	Add Remove
			Add Remove
			Add Remove
			Add OS MAR
			Remove
D. If an		ter change(s) here: (Attach additional sheets, if necessary.)	STATE
	I Jim Booth want to remove Tom B		
	I Jim Booth want to be the sole rec	me of the LLC from AVR LABS, LLC to Bluewater Computer	Pros, LLC
			_
Dated <u>Fe</u>	ebruary 27 Signature of	a member or authorized representative of a member	
	0111 20011	Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00