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SECRETARY OF STATE TALLAHASSEE. FLORIOA

09 JUN 18 AM 11: 2

M. THOMAS

JUN 19 2009

EXAMINER

COVER LETTER

TO: Registration Sec Division of Corp	ction porations	16	
SUBJECT:	COMPNET Name of Limi	CO LL C ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
		CHARD SOUVER Name of Person	
COMPNET CO LLC Firm/Company			
Firm/Company 6742 FOREST HILL BLVD # 281 Address			
	6742	FOREST HILL BLV	D# 281 B E T
		Address	
	RIC	EEN ACRES, FL City/State and Zip Code ARD 4 HOMES @ Yar to be used for future annual report notificat	D# 281 THE THE TOTAL THE T
For further information co	oncerning this matter, please o		727
	-	V at (561) 574 - 17	elephone Number
Enclosed is a check for the	e following amount:		
≦ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certificate Copy (additional copy is enclosed)
MAILI	NG ADDRESS:	STREET/COURIER	ADDRESS:

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COMPNETCOLLC	·			
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)				
The Articles of Organization for this Limited Liability Company Florida document number <u>L0900042025</u> .	were filed on <u>APRIL 30, 2009</u> and assigned			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	lity company here:			
\mathcal{N}/\mathcal{A}				
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation			
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)	- N/A = = = =			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A PROPERTY OF SALES			
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here				
Name of New Registered Agent:	N/A			
New Registered Office Address:	Enter Florida street address			
	, Florida			
	City Zip Code			
New Degistered Agent's Signature if changing Degistered Agent.				

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 Type of Action <u>Title</u> Address Name MGRM PAUL BEAUBRUN Remove MGRM JACKSON ROBERT ⊠ Add Remove ☐ Add Remove ∏ Add Remove □Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary. Dated JUNE 15TH Signature of a member or authorized representative of a member GISCARD BORGARD Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00