L09000061056

3/207

| Erick R. | בעס | . | | |
|-------------------------|------------|--------------|----------------|--|
| (Re | questor's | Name) | | |
| 1178051 | 29, | 57 | | <u>. </u> |
| (Adı | dress) | | | |
| | | | | |
| - | dress) | _ | | |
| <u>Miami</u> | <u>FL</u> | <u>331</u> | <u> 15</u> | 30534 |
| (Cr | y/State/Z | ip/Phone # | 7) | |
| PICK-UP | □ ~ | /AIT | | MAIL |
| | • | | | |
| (Bu | siness Ei | ntity Name |) | |
| | | | | |
| (Do | cument N | lumber) | | |
| | | | | |
| Certified Copies | _ Ce | rtificates o | of Statu | s |
| | | | | |
| Special Instructions to | Filing Off | icer: | | |
| | _ | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Office Use Only



600235339656

05/21/12--01017--021 **43.75

ZOIZ JUN 12 AM 9: 42
SECRETARY OF STATE
TALLAHASSEF FS TATE

J. SAULSBERRY EXAMINER

JUN 13 2012

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPO | 1.0000006105 | UTER SERVICE 6 | ES LLC | - | | |
|--------------------------|---|--|--|-------------|-------------|--------|
| The enclosed Articles | s of Amendment and fee are si | ubmitted for filing. | | | | |
| Please return all corre | espondence concerning this ma | atter to the following: | | | | |
| | ERICK A BOUZA | 4 | | | | |
| | | Name of Contact Perso | n | | | |
| EC COMPUTER SERVICES LLC | | | | | | |
| | | Firm/ Company | | | | |
| | 11780 SW 27 ST | • • | | | | |
| Address | | | | | | |
| MIAMI, FLORIDA 33175 | | | | | | |
| | | City/ State and Zip Cod | le | | | |
| | ebouzae | eccsmiami.n | iet | SECR | 21 ANY 2102 | |
| | E-mail address: (to be u | sed for future annual report | notification) | THE SECTION | Ē | _1 |
| For further information | m ganaguring this western also | , (f | | SEY SEE | 12 | |
| r or turmer informatio | n concerning this matter, pleas | se call: | | OF S | æ | T |
| ERICK A BO | UZA | at (305 | 349 3227 | STA: | AH '9: | diane, |
| Name | of Contact Person | | de & Daytime Telephone Nu | ıniper | 42 | |
| Enclosed is a check for | or the following amount made | payable to the Florida Depa | artment of State: | | | |
| \$35 Filing Fee | ■\$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | □\$52,50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | | | |
| Ame | iling Address endment Section ision of Corporations | Amend | Address Iment Section on of Corporations | | | |

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT . TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liab | oility Company ida Limited Liab | as it now appears | on our records.) | | | |
|--|------------------------------------|---------------------------|-----------------------------|---------------|-----------|-------------|
| The Articles of Organization for this Limited Liabili Florida document number LOPODOCOLOS | ty Company we | | 21/98/12 | and a | assigned | d |
| This amendment is submitted to amend the following | g: | | | | | |
| A. If amending name, enter the new name of the | limited liabilit | y company here: | | | | |
| The new name must be distinguishable and end with the "L.L.C." | words "Limited | l Liability Company | y," the designation " | LLC" or th | e abbre | viation |
| Enter new principal offices address, if applicables | : , | | | | | |
| (Principal office address MUST BE A STREET AL | <u>DDRESS)</u> | o. | | | | |
| Enter new mailing address, if applicable: | • | | | SE | 2010 | |
| (Mailing address MAY BE A POST OFFICE BOX | 0 . | <u> </u> | | CRET | <u>ان</u> | <u>—</u> 1 |
| B. If amending the registered agent and/or registered agent and/or the new registered office | | e address on ou | r records, enter | SSEE the Imme | | e hew |
| Name of New Registered Agent: | Eri | ck Bouz | <u>A</u> | ATE ORIDA | 9: 42 | |
| New Registered Office Address: | 1781 | SW 2 ⁻ Ente | l ST r Florida street ad | dress | | |
| | Mia | vm) | , Florida | 3317 | 5_ | |
| Now Besistered Agent's Company of sharping Period | otavad Aganti | City | | Zip Co | же | |

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 Agen

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> **Address Type of Action** Name | Cesar D. Ramirez MGRM Remove ☐ Add Remove ___ Add Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated _ Signature of a member or authorized representative of a member

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00