

L 09000085095

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

B. KOHR

AUG 17 2010

EXAMINER

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DATE: 08-17-10

NAME: ALLURE COMPANIONS LLC

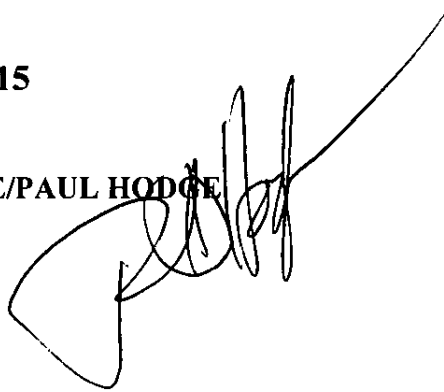
TYPE OF FILING: AMENDMENT

COST: \$25

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ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Allure Companions LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on 9/2/2009 and assigned
Florida document number L09000085095.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

PC User Solutions LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(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 office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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

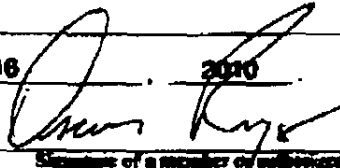
If recording the Managers or Managing Members on our records, enter the full name and address of each Manager or Managing Member being added or removed from our records:

NOTE - Manager
 MANAGER - Managing Member

Full Name	Address	Type of Action
_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

B. If recording any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Date August 16 2010



Signature of a member or authorized representative of a member

Oscar Poyos

Typed or printed name of signer

Page 2 of 2

Filing Fee: \$25.00