L10000075477

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COVER LETTER

Division of Corporations	
SUBJECT: MPS COMPUTEUS, LLC	
SUBJECT: MPS COMPUTED, CCC 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:	
MELUIN SPARAEINO Name of Person	From?
MPS COMPUTERS Firm/Company	ALL AH
Po Box 244142 Address	TALLAHASSEE. FLORI
Boynton BCH, PL 33424 City/State and Zip Code	
City/State and Zip Code MEL @ MPS Computers. Com E-mail address: (to be used for future annual report notification)	1.2
For further information concerning this matter, please call:	
MEL SPANACINU at (56L) 859-4641 Name of Person Area Code & Daytime Telephone Number	······································
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified	ate of Status &
•	

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

MPS COMPUTERS, LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited Liability Companies Florida document number <u>L 10000 75477</u> .	-1 -	2010 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and end with the words "Lin"L.L.C."	nited Liability Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		
٠ ــــــــــــــــــــــــــــــــــــ		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		ONIDA ONIDA
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he Name of New Registered Agent:		ords, enter the name of the new
New Registered Office Address:		
	Enter Flori	da 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 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 **Title Address Type of Action** <u>Name</u> MGRM MEL SPARACINO 7625 Colon Lake DK Bornton BEACH, R 33431 Remove ☐ Add Remove ☐ Add Remove Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated

Page 2 of 2

Filing Fee: \$25.00