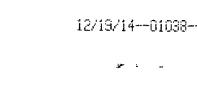
(Re	questor's Name)	
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FLORIDA DEPARTMENT OF STATE Division of Corporations

December 24, 2014

GALINA LOSCH 9004 GLADIN CT. ORLANDO, FL 32819

SUBJECT: AGM COMPUTERS LLC

Ref. Number: L10000100383

We have received your document for AGM COMPUTERS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 614A00027236

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VICINI OF CONNERCIAL
BUREAU OF CONNERCIAL

COVER LETTER

TO: Registration S Division of Co					
SUBJECT:	AGM Comp Name of Wir	utrs LLC nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Galin	a Losch Name of Person			
		Name of Person			
		Firm/Company			
	900461	adin Ct			
		Address		;==	
	Orlan	Address Address Odo FL 32819 City/State and Zip Code		2015 JAN 29 SECRETARY ALLAHASSI	carryon,
		City/State and Zip Code		AHA AHA AHA	ACTION TO
	galina) Renail address: (OS ch (a) g mail. OM to be used for future annual report noting	fication)	JAN 29 RETARY I	gracitain U
For further information of	concerning this matter, please c			PA OF S	
	Λ	at (407) 704. Area Code Daytime	-9625	PM 4: 44 OF STATE EE FLORIDA	()
Name o	of Person	Area Code Daytimo	e Telephone Number		
Enclosed is a check for t	he following amount:				
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Certificate of Certified Cop (additional copy	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

Al GIM Compy	ikes LRC	
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company of Florida document number 10000003. This amendment is submitted to amend the following:	were filed on <u>09/27/201</u>	and assigned
A. If amending name, enter the new name of the limited liabi Clobal Abyly X The new name must be distinguishable and end with the words "Limited Liabi	EC.	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	NA	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		the name of the new
registered agent and/or the new registered office address here	:•	2011 DAE
Name of New Registered Agent:	NA	
		200 N
New Registered Office Address:	Enter Florida street address, Florida	PH PH
	City	Zap Code
New Registered Agent's Signature, if changing Registered Agent:		→
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pubeing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am provided for in Chapter 605, F.S. Or	familiar with and r, if this document is imited liability

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = M $AMBR = A$	Aanager Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□ Add
			□ Remove
 _			Add
			☐ Remove
			Add
			NAC SEE AN AMERICAN AND AND AND AND AND AND AND AND AND A
			AN 29 BE 4: 44 HESSEFTLORIDA
			ORIĐA
			Add
			Remove

, , .	nange(s) here: (Attach additional sheets, if necessary.
ne effective date must be specific, cannot be prior to date	te of receipt or filed date and cannot be more than 90 days after
he effective date must be specific, cannot be prior to dat the date this document is filed by the Florida Department	te of receipt or filed date and cannot be more than 90 days after int of State)
the date this document is filed by the Florida Department Dated	te of receipt or filed date and cannot be more than 90 days after at of State) 20/5.

Page 3 of 3

Filing Fee: \$25.00

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