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EXAMINER



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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Togetherness Solutions 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:	
George A. Davis Jr. Name of Person	
Coeorge A. Davis Jr. Name of Person Togetherness Solutions Firm/Company	
4007 N. 22nd St. Address	
Tampa FL 33610 City/State and Zip Code	
E-mail address: 4to be used for future amphal report notification)	
For further information concerning this matter, please call:	
George A. Davis Ja at (305) 766 · 1705 Name of Person at (305) 766 · 1705 Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}	1)

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

Togetherness	Solutions				
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appear ability Company)	rs on our reco	<u>ras.</u>)		
The Articles of Organization for this Limited Liability Company v	were filed on	3.23.11		and assigned	
Florida document number <u>L11 0000 34430</u>					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabil	lity company her	<u>·e</u> :			
Turbo Computers LLC The new name must be distinguishable and end with the words "Limite"					
The new name must be distinguishable and end with the words "Limite"L.L.C."	ed Liability Compa	iny," the design	nation "LLC"	or the abbrevia	ation
Enter new principal offices address, if applicable:	4007	N. 22 n	d Strew	et	_
(Principal office address MUST BE A STREET ADDRESS)	Tampo	4, F1 331	010	et	_
Enter new mailing address, if applicable:	4007 N	. 25 nd	Street		_
(Mailing address MAY BE A POST OFFICE BOX)	Tampa, F	1 33610			_
			. <u> </u>		<u> </u>
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:		our records,	enter the r	name of the	<u>new</u>
Name of New Registered Agent:				E TI	_
New Registered Office Address:			25 ×	- CHANGE	_
	Ent	ter Florida str Flot	reet address		
	City	, - 10-	3HZ	ip £ ode	_
New Designary Assent's Signature if shanging Designary Assents			75	-	

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

	<u>Name</u>	Address	Type of Action
			□ h
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···· <u>·</u>			
<u> </u>			
			□ Domovo
			□ D amoura
D. If amend	ding any other information	n, enter change(s) here: (Attach additional shee	ets, if necessary.)
_			
_ _ 	1.29 11	2011	

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Filing Fee: \$25.00