

L11000068537

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

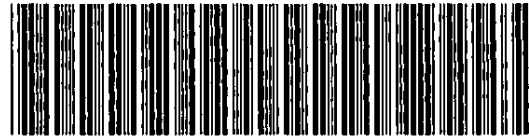
(Business Entity Name)

(Document Number)

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CLERK OF COURT
TALLAHASSEE, FLORIDA

B. BOSTICK

OCT - 3 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Compu Distribution LLC
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:

Riyaz Khalfan
Name of Person

Compu Distribution LLC
Firm/Company

1155 W State Rd 434 Ste 159
Address

Longwood FL 32750
City/State and Zip Code

Riyaz@compudistribution.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Riyaz Khalfan at (407) 391 3555
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the 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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

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TALLAHASSEE, FLORIDA

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

Compu Distribution LLC

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

The Articles of Organization for this Limited Liability Company were filed on 06/13/2011 and assigned Florida document number 411000068537.

This amendment is submitted to amend the following:

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

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)

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CLERK OF CIRCUIT COURT
TALLAHASSEE, FLORIDA

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:

Riyaz Khalfan

New Registered Office Address:

2321 Retreat View Cir

Enter Florida street address

Sanford
City

Florida

32750
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	Name	Address	Type of Action
MGRM	Riyaz Khalfan	2321 Retreat view Cir Sanford FL 32771	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Mohamedraza Manekia	2138 Northumbria Dr Sanford FL 32771	<input type="checkbox"/> Add <input checked="" 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

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

Please change Riyaz Khalfan From
MGR to MGRM

Dated 9/26/2012

Signature of a member or authorized representative of a member

RIYAZ KHALFAN

Typed or printed name of signee

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

12 OCT - 2 PM 5:02

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 11, 2012

RIYAZ KHALFAN
COMPU DISTRIBUTION LLC
1155 W. STATE ROAD 434, SUITE 159
LONGWOOD, FL 32750

SUBJECT: COMPU DISTRIBUTION LLC
Ref. Number: L11000068537

We have received your document for COMPU DISTRIBUTION LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

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 call (850) 245-6051.

Barbara Bostick
Regulatory Specialist II

Letter Number: 912A00022942