

L11000140595

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

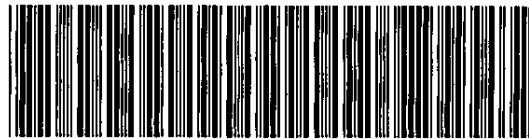
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Bureb JUN 2 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LEN'S COMPUTER SUPPLIES 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:

Svetla A Dimitrova
Name of Person
LEN'S COMPUTER SUPPLIES LLC
Firm/Company
1915 HOLLYWOOD BLVD, STE 202
Address
HOLLYWOOD FL 33020
City/State and Zip Code
SVETLA@LENSCOMPUTERS.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Svetla A Dimitrova at (954) 927-5025
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 7, 2014

SVETLA DIMITROVA
1915 HOLLYWOOD BLVD STE 202
HOLLYWOOD, FL 33020

SUBJECT: LEN'S COMPUTER SUPPLIES, LLC
Ref. Number: L11000140595

We have received your document for LEN'S COMPUTER SUPPLIES, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You submitted the wrong type of form, proper forms are enclosed.

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.

Tim Burch
Regulatory Specialist II

Letter Number: 714A00009786

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

LEN'S COMPUTER Supplies 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 12/14/2011
Florida document number L11000140595.

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)

1915 Hollywood Blvd
Suite # 202
Hollywood FL 33020

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1941 Johnson St
Hollywood FL 33020

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:

Svetla A. Dimitrova

New Registered Office Address:

1941 Johnson St

Enter Florida street address

Hollywood

City

Florida

33020

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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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MGR	Svetla A. DIMITROVA	1941 Johnson St	<input checked="" type="checkbox"/> Add
		Hollywood FL 33020	<input type="checkbox"/> Remove

MGR	Leonard KAHINSKY	8926 Abbott Ave	<input type="checkbox"/> Add
		Surfside FL 33154	<input checked="" type="checkbox"/> Remove

			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
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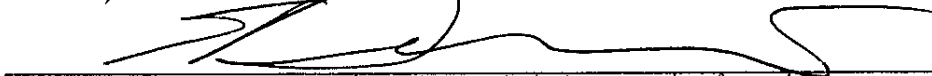
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated May 27th, 2014



Signature of a member or authorized representative of a member

Svetla Dimitrova

Typed or printed name of signee

FILED
14 MAY 30 PM 4:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA