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SECSETARY OF STATE.
TALLAHASSEE, FLCS 5.

JUL 18 2016 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: COMPUTER GYPSIES 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:
QUMMA CRAFTS Name of Person
COMPUTER GYPSIES LLC
73/0 US.1+WY. 301 N. #17/
ELLENTON, FL 3422
SUPPORTS COMPUTER GYPSIES, COMPEnnail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
CYNTHA CRAFTS at (863) 623-5027 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)}\$\$\$ 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Line (A.F.)	iability Comp lorida Limited	eany as it now appears of Liability Company)	n our record	<u> </u>
The Articles of Organization for this Limited Liabili Florida document number 1 > 00000 37		y were filed on <u>JA</u>	N-09	1 — 2012 and assigned
This amendment is submitted to amend the following	ıg:			
A. If amending name, enter the new name of the	limited lia	bility company here	•	
The new name must be distinguishable and contain the words	"Limited Liab	oility Company," the desig	gnation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	:			
(Principal office address MUST BE A STREET A)	DDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u>ko</u>			1. 15 PM 1. 10
B. If amending the registered agent and/or registered agent and/or the new registered office			ur record	s, enter the name of the new
Name of New Registered Agent:			<u></u>	
New Registered Office Address:				
		Enter Florida	street addres	SS
_		C'a-	, Fl	lorida
New Desistand Agent's Signature if changing Desis	stanad Ameri	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 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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Effective date, i	if other than tl	he date of fili	ng:			(option	al)	
(If an effective date Note: If the date document's effective date document's effective date document's effective date document's effective date date date date date date date dat	inserted in this	block does not	meet the app	licable statuto	ing or more than ory filing requi	90 days after fil rements, this d	ing.) Pursuant to ate will not be	605.0207 (listed as t
the record spe The 90th da				not an effe	ctive time,	at 12:01 a.r	n. on the ea	arlier of:
Dated 7 -	13-20	16	·,	<u> </u>		A		
						a / / //~		
	_(r,	Signature of	a member or a	ithorized repres	sentative of a not	ember		-

Page 3 of 3

Filing Fee: \$25.00