

L12000020457

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

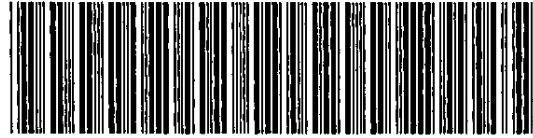
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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05/24/12--01010--009 \*\*25.00

FILED  
12 JUN 11 PM 4:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE  
JUN 12 2012  
EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 25, 2012

CARTER CONRAD  
2465 MERCER AVE, #203  
WEST PALM BEACH, FL 33401

SUBJECT: COMPUTER FORENSIC LLC  
Ref. Number: L12000020457

12 JUN 11 PM 4:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

We have received your document for COMPUTER FORENSIC 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):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the 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.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 612A00015308

**DeliveredDATA, LLC**  
P.O. Box 22935  
West Palm Beach, Florida 33416



**Registration Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314**

**June 8, 2012**

**RE: Changes for COMPUTER FORENSIC LLC**

TO WHOM IT MAY CONCERN:

Please find attached the change information for COMPUTER FORENSIC LLC.  
The previous application did not contain a signature on Page 2 of 2, and was returned. Our check in the amount of \$25.00 was contained in the previous correspondence, and has already cleared our account.

Thank you for your attention to this matter.

Regards,

A handwritten signature in black ink, appearing to read 'C. Conrad', with a stylized flourish at the end.

Carter V. Conrad, Jr.  
DeliveredDATA, LLC

**FILED**  
12 JUN 11 PM 4:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: COMPUTER FORENSIC, 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:

**CARTER CONRAD**

Name of Person

**COMPUTER FORENSIC LLC**

Firm/Company

**2465 MERCER AVE, #203**

Address

**WEST PALM BEACH, FL 33401**

City/State and Zip Code

**CARTER@COMPUTERFORENSICLLC.COM**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**CARTER CONRAD**

Name of Person

at ( 561 )

**502-3935**

Area Code & Daytime Telephone Number

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**12 JUN 11 PM 4:24**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

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

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

**COMPUTER FORENSIC 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 02/13/2012 and assigned  
Florida document number L12000020457.

This amendment is submitted to amend the following:

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

**COMPUTER FORENSICS LLC**

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 STATE  
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:

New Registered Office Address:

*Enter Florida street address*

City, **Florida**

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	PATRICK PAIGE	2465 MERCER AVENUE SUITE 203	<input checked="" 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
			<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.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated MAY 22

2012

Signature of a member or authorized representative of a member

CARTER V CONRAD

Typed or printed name of signee

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12 JUN 11 PM 4:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA