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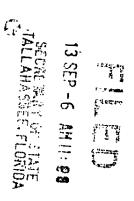
(Re	questor's Name)	
(Ad	dress)	
, (Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer: ·	

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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	A Computen	——————————————————————————————————————	
	Name of Limit	ed Liability Company	
			•
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
		Name of Person	
	Accounting	E Pauf. Service Firm/Company	circ
	329 A ER	ANGLIN ST	
	_	Address	
	Ococc, f	2 34761	
		City/State and Zip Code	
	E-mail address: (to	be used for future annual report notificati	ion)
For further information co	oncerning this matter, please ca	11:	
	,, , ,		_ ~
t-/Lu3		at (407) 652-388	3
Name of	f Person	Area Code & Daytime To	elephone Number
Employed in a short fourth	on Callandina amanas		Commission to the contraction of
Enclosed is a check for the	-	Dore on the page	
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
			(additional copy is enclised)

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**

	JA Computers LL	.ر		
	(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our Liability Company)	recorus.)	
The	Articles of Organization for this Limited Liability Company	were filed on <u>06-11-</u>	20/2 and assigned	
Fio	rida document number <u>L12000076971</u> .			
Thi	amendment is submitted to amend the following:			
A,	If amending name, <u>enter the new name of the limited liab</u>	ility company here:		
The	new name must be distinguishable and end with the words "Limit.C."	ted Liability Company," the d	esignation "LLC" or the abbreviation	
Ent	er new principal offices address, if applicable:			
(Pr	ncipal office address MUST BE A STREET ADDRESS)			
		<u></u>	<u> </u>	
Ent	er new mailing address, if applicable:		COLL CO	
(Me	iling address MAY BE A POST OFFICE BOX)		The same	
	<u> </u>			
		:	ap e	
B.	If amending the registered agent and/or registered of	fice address on our recor	ds, enter the name of the new	
reg	stered agent and/or the new registered office address here		•	
	Name of New Registered Agent:			
	New Registered Office Address:	,		
		Enter Florida street address		
		. Florida		
	: 	City	Zip Code	
Vev	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> Name 1 <u>Address</u> **Type of Action** MORM GONDRA LEOKSMA 1814 MEADOW ADNO Way Orlando, FZ 3282X Add Remove Remove Add Remove Remove

D.	f smending any other information, enter change(s) here: (Attach additional sheets, if necessary.)				
	·•				
	· ·				
:					
Dat	d B-28-13 ,				
Dau	La Clark				
	Signature of a member or authorized representative of a member				
•	JUAN ACOSTA				
- ·	Typed or printed name of signee				
	Page 3 of 3				
	Filing Fee: \$25.00				

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