

L12000149102

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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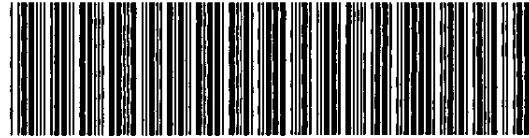
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

FEB 12 2012

D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **TECHNOLOGIC PC SOLUTIONS ,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:

AMR A HUSSEIN

Name of Person

TECHNOLOGIC PC SOLUTIONS ,LLC

Firm/Company

2950 WINKLER AVE SUIT#901

Address

FORT MYERS/FL 33916

City/State and Zip Code

JOEYHASSAN2006@GMAIL.COM

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

For further information concerning this matter, please call:

AMR A HUSSEIN

Name of Person

917 951-3448

at ()

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

TECHNOLOGIC PC SOLUTIONS ,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 NOV/28/2012 and assigned
Florida document number L12000149102.

This amendment is submitted to amend the following:

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

TECHNOLOGIC PC SOLUTIONS ,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)

2950 WINKLER AVE SUIT #901

FORT MYERS FL 33916

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2950 WINKLER AVE SUIT #901

FORT MYERS FL 33916

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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: AMR A HUSSEIN

New Registered Office Address: 2950 WINKLER AVE SUIT #901

Enter Florida street address

FORT MYERS FL, **Florida** **33916**

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 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

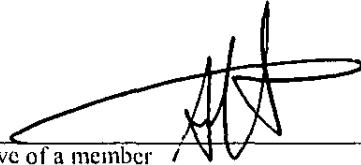
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	AMR A HUSSEIN	2950 WINKLER AVE	<input checked="" type="checkbox"/> Add
		SUIT#901 FT MYERS	<input type="checkbox"/> Remove
		FL,33916	
MGRM	AMR A HUSSEIN	3407 WINKLER AVE EXT	<input type="checkbox"/> Add
		UNIT #314 FT MYERS	<input checked="" type="checkbox"/> Remove
		FL ,33916	
			<input type="checkbox"/> Add
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TALLAHASSEE FLORIDA
2019 FEB 11 PM 12:21

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

Dated **FEB/7/13**

Signature of a member or authorized representative of a member



AMR A HUSSEIN

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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