

L12000161546

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

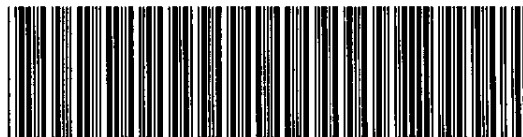
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2017 MAY 15 PM 4:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MAY 16 2017
J. HARRIS

Hello,

Attached is the form to amend my Limited Liability Company name to Total PC, LLC.
Only the name is changing.

Thank You!

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

Josh Casey
Owner Total PC Sales & Service, LLC (Soon to be Total PC, LLC)

Return Address:

Total PC Sales & Service, LLC
Josh Casey
2578 Enterprise Rd
#106
Orange City, FL 32763

Contact Number:

Josh Casey
Office: (386) 868-2572 or Cell: (386) 801-4105

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TOTAL PC SALES AND SERVICE, 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:

Joshua Casey

Name of Person

TOTAL PC SALES AND SERVICE, LLC

Firm/Company

2578 Enterprise Rd #106

Address

ORANGE CITY, FL 32763

City/State and Zip Code

josh@totalpc.com

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

For further information concerning this matter, please call:

Joshua Casey

386

868-2572

at ()

Name of Person

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

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

TOTAL PC SALES AND SERVICE, 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 December 28, 2012 and assigned
Florida document number L12000161546.

This amendment is submitted to amend the following:

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

TOTAL PC, LLC

The new name must be distinguishable and contain 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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2017 MAY 15 PM 4:00
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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

_____, **Florida**
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:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
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			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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TALLAHASSEE FLORIDA

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

[illegible]

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated May 11, 2017

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Joshua Casey

Typed or printed name of signee

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2017 MAY 15 PM 4:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA