

L17 000018454

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

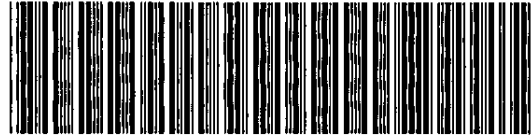
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers OCT 29 2014

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **Compubyte 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:

Josh Swanson

Name of Person

Compubyte LLC

Firm/Company

49 S Monroe St UNIT #4

Address

Monroe, MI 48161

City/State and Zip Code

josh@compubyte.net

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

For further information concerning this matter, please call:

Josh Swanson

Name of Person

at **(727) 5155779**

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**

Compubyte 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 May 27, 2014 and assigned Florida document number L13000118454

This amendment is submitted to amend the following:

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

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:

3442 Sandcastle Ln

(Principal office address MUST BE A STREET ADDRESS)

Weeki Wachee, FL 34607

Enter new mailing address, if applicable:

49 S Monroe St UNIT #4

(Mailing address MAY BE A POST OFFICE BOX)

Monroe, MI 48161

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:

Cindy Koring

New Registered Office Address:

3442 Sandcastle Ln

Enter Florida street address

Weeki Wachee

Florida

City

34607

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.

Cindy Koring
If Changing Registered Agent, Signature of New Registered Agent

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TALLAHASSEE FLORIDA

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

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated ~~March 11, 2014~~ OCTOBER 24, 2014.

Josh A Swanson

Signature of a member or authorized representative of a member

Josh A. Swanson

Typed or printed name of signer

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Filing Fee: \$25.00

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