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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY I 8 2016 J. HARRIS

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Green Gy Computer Solutions U.C.  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:
Robert Marciano Name of Person
Green Guy Computer Solutions U.C.
8810 SW 68th C+ No. 13-8
Miami, FL. 33156 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Robert Marciano at (786) 837-6018  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ Certificate of Status \$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$ Certified Copy \\ \text{(additional copy is enclosed)}\$\$ Certified Copy \\ \text{(additional copy is enclosed)}\$\$ \$\text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$ \$\text{Certified Copy}\$\$

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

Green Guy Compute	MPANY AS IT NOW ADDRESS ON OUR records.)
(A Florida Limi	ted Liability Company)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L13</u> 000157547.	any were filed on 11 08 2013 and assigned
This amendment is submitted to amend the following:	•
A. If amending name, enter the new name of the limited I	.()
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: ( <u>Principal office address MUST BE A STREET ADDRESS</u>	AFE B
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SSEE PRIZE 19  ASSET FROM 19  ASSET
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	d office address on our records, <u>enter the name of the new</u> <u>here</u> :
Name of New Registered Agent:	NIA
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>	Address	Type of Action
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If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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)  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.
he record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  The 90th day after the record is filed.
Dated May 13, 2016.
Robert Marcaro FE 5
Signature of a member or authorized representative of a member  Robert Marciano
Typed or printed name of signee
Page 3 of 3
Filing Fee: \$25.00