Division of Corporations Electronic Filing Cover Sheet

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(((H14000190781 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : [20010000062

: (323)962-8600

Phone Fax Number

: (323)962-3889

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN COMPUTER SYSTEMS SOLUTIONS LLC

Certificate of Status	0
Certified Copy	1
Page Count	06
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8/13/2014

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COVER LETTER

	Registration Se Division of Cor				
CUD IEC		ER SYSTEMS SOLUTION	S LLC		
Name of Limited Liability Company					
The enclo	used Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	turn all correspo	ondence concerning this matter	to the following:		
		Cheyenne Moseley		·	
			Name of Person		
		Legalzoom.com, Inc.			
Firm/Company					
		100 W. Broadway Suite	100		
			Address		
		Glendale, CA 91210			
		· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	·	
		cpilenza@outlook.com			
		E-mail address: (to be used for future annual report noti:	lication)	
For furth	er information c	oncorning this matter, please o	all:		
Imelda	Vasquez		323 962-8600 e	xt 7950	
	Name o	f Person	Area Code Daytimo	e Telephone Number	
Enclosed	l is a check for t	he following amount:			
\$25.0	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

COMPUTER SYSTEMS SOLUTIONS LLC

ARTICLE	S OF AMENDMENT	THE SECTION IN STATE
	TO	
ARTICLES	OF ORGANIZATION	
	OF	S CO
COMPUTER SYSTEMS SOLUTIONS L	LC	199 E
(Name of the Limited Liabilit	y Company as it now appears on our record Limited Liability Company)	<u>ds)</u>
(A Florida	Limited Liability Company)	97 5
The Articles of Organization for this Limited Liability Co	04/14/2014	0
	ompany were filed on	and assigned
Florida document number L14000060649	•	
This amendment is submitted to amend the following:		
This amendment is submitted to affecte the following.		
A. If amending name, enter the new name of the limit	ted liability company here:	
Computer System Solutions LLC		
The new name must be distinguishable and end with the words "Lim	nited Liability Company," the designation "LE	.C for the abbreviation "L.E.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	FSS	
(Traction office data east 12 Visit 12	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
Transfer Many and American		
B. If amending the registered agent and/or regist		s, enter the name of the new
registered agent and/or the new registered office addr	ess nere:	
Name of New Registered Agent:		
New Registered Office Address:	E . 12	
	Enter Florida street addre.	33
	, Fl	orida
	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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Christopher A. Pilen	4932 SE LOST LAKE WAY	☐ Add
		HOBE SOUND	Z Remove
		FL 33455	
MGR	Christopher A. Pilenza	4932 SE LOST LAKE WAY	⊠ Add
		HOBE SOUND	Remove
		FL 33455	
			☐ Remove
			_1/
			□ Add
			☐ Remove
			☐ Add
			☐ Remove
			□ Add
			☐ Remove

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: (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 August 4 , 2014.
	May 7 P
	instature of a member or authorized representative of a member
	Carrie Dale Roberts
	Typed or printed name of signee

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Filing Fee: \$25.00