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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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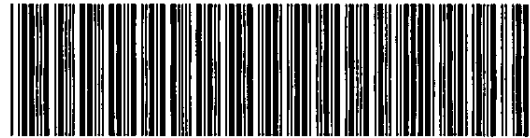
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A & G Computer Services, 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:

Michelle M. Roig-Silva
Name of Person

A & G Computer Services, LLC
Firm/Company

4456 Tamiami Trail, Suite B-11
Address

Charlotte Harbor, FL 33990
City/State and Zip Code

manager@agcompus.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michelle M. Roig-Silva at (239) 888-1011
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

A&G Computer Services, 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 June 30, 2014 and assigned Florida document number L14000104367

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:

(Principal office address MUST BE A STREET ADDRESS)

4456 Tamiami Trail
Suite B-11
Charlotte Harbor FL 33980

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1767 Four Mile Cove Pkwy
Apt 821
Cape Coral FL 33990

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

City

Florida

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Alex E. Davila Munoz	1767 Four Mile Cove	<input checked="" type="checkbox"/> Add
		Apt 821	<input type="checkbox"/> Remove
		Cape Coral FL 33990	
AMBR	Marco A. Rubio Munoz	Avenida Alameda del Corregido	<input checked="" type="checkbox"/> Add
		749, La Molina Vieja	<input type="checkbox"/> Remove
		La Molina, Lima, Peru	
MGR	Gilberto Algarra	2222 Trafalgar Pkwy	<input type="checkbox"/> Add
		Cape Coral FL 33991	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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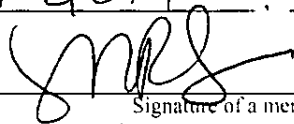
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Article III
Ally E. Davila Muñoz as owner and
equal Partner with Marco A. Rubio
Muñoz as owner and equal part-
ner

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 9.24.2014



Signature of a member or authorized representative of a member

Michelle M. Roig-Silva

Typed or printed name of signer

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TALLAHASSEE, FLORIDA