# L14000160101

(Requesto	r's Name)
(Address)	
(Address)	
(City/State	/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Documen	it Number)
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### FLORIDA DEPARTMENT OF STATE Division of Corporations

March 25, 2015

JEAN MARTINEZ 499 N BABCOCK ST STE B MELBOURNE, FL 32935

SUBJECT: COMPUT-ER LLC Ref. Number: L14000160101

We have received your document for COMPUT-ER LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 815A00005936

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: COMPUT - ER, 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:
JEAN CHARLES PEREZ MARTINEL Name of Person
COM PUT - ER L LC Firm/Company
499 N Borbcock St Ste-B
Melbourne, FL 32935 City/State and Zip Code
City/State and Zip Code    City/State and Zip Code and Zip Code and Zi
For further information concerning this matter, please call:
Jean C. Perez Martine2 at (321) 446-9370  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\Bigcup \text{ (additional copy is enclosed)}\$\$ 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

(Name of the Limited L (A F	T - ER iability Compa		ippears on ou	r records.)		
The Articles of Organization for this Limited Liabil Florida document number <u>L14 000 16 0 1</u>	ity Company				2014	and assigned
This amendment is submitted to amend the followir	ng:					
A. If amending name, enter the new name of the	limited liab	ility compa	ny here:			
N/A  The new name must be distinguishable and end with the word	s "Limited Liah	ility Company	" the designa	tion "LLC" or	r the abbi	eviation "L.L.C."
Enter new principal offices address, if applicable				on .	The s	÷
(Principal office address MUST BE A STREET A.	DDRESS)			2 (4 ) 2 (4 ) 2 (4 )	· J	<u> </u>
			<u> </u>	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	AR I 6	
Enter new mailing address, if applicable:				2000 2000 2000 2000		
(Mailing address MAY BE A POST OFFICE BOX	<u>K)</u>	<del></del>		23-15) 23-15) 24-15 24-15 24-15	7. 2.	Tobage T
B. If amending the registered agent and/or registered agent and/or the new registered office	registered of address her	ffice addres	s on our	records, er	nter the	e name of the nev
Name of New Registered Agent:	Jean	Charles	Pere	2 - Ma	Anez	2
New Registered Office Address:	499		bcock r Florida stret		Ste.	В
_	Melb	OUY Ne		, Florida	a	32935 Zip Code
New Registered Agent's Signature, if changing Dogis	tered Agent:	J.,,				Tap Onac

#### 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.

Changing Registered Agent, Sterature of New Registered Agent

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager of Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member Type of Action Title **Address** Name Kenneth L Mantra 3340 Deerlakes Dr MGR □ Add Melbourne, Fr 32940 Remove Jean Charles Percz-Wartinez 499 N Babcock St Ste. B. XAdd MGR Mulbourne, Fr 32935 PRemove □ Add □ Remove □ Remove □ Add □ Remove \_ \_ Add ☐ Remove

•	
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	(optional) d cannot be more than 90 days after
the date this document is filed by the Florida Department of State)	
the date this document is filed by the Florida Department of State)	
the date this document is filed by the Florida Department of State)	esentative of a member

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Filing Fee: \$25.00

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