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## **COVER LETTER**

TO: Registration Section , ?

Division of Corporations

SUBJECT: COMPUTEN RECYCLING SERVICES OF SOUTH
Name of Limited Liability Company
FLOGIDA LLC

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MICHAGL J. LAWANNA
Nome of Darger
COMPUTER MECYCLING SERVICES
COMPUTER RECYCLING SERVICES OF SOUTH FLORIDA LCC.
Firm/Company
1053 NE 43Vd STREET
DAILLAND PARK-FLA-33334
Address
OAKLAND PARK-33334
City/State and Zip Code
MJLANANNA@GMAGL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL J. LANAWNA at (954) 709-3888

Name of Person

Name of Person

Name of Person

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

FILED

ARTICLES OF ORGANIZATION
2815 MAY 26 AM 11: 12

The Articles of Organization for this Limited Liability C	Company w	ere filed on <u>F</u>	EB 20, 2	015 and assigned
Florida document number 41500003	142	4		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ited liabili	ty company h	ere:	
The new name must be distinguishable and contain the words "Lim	nited Liability	Company," the c	esignation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDR	<u>RESS)</u>			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered agent and/or the new registered office address:  Name of New Registered Agent:  New Registered Office Address:		ce address on	our records, <u>e</u>	iter the name of the new
Now Registered Office, Address.	Enter Florida street address			
	, Florida			
		City		aZip Code
New Registered Agent's Signature, if changing Registered	<u>d Agent:</u>			
I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and confidence to the obligations of my position as registered ago being filed to merely reflect a change in the registered company has been notified in writing of this change.	omplete pe gent as pro	erformance of ovided for in C	my duties, and I Chapter 605, F.S.	am familiar with and Or, if this document is
	lf Changi	ng Registered Ag	ent, <u>Signature of Ne</u>	w Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added</u> or removed from our records:

MGR = Manager

AMBR = Authorized Member

AMER VALTER A. BENED, TO DAVIE - PI - 33325 **Type of Action** Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove \_□ Change □ Add □ Remove ☐ Change □ Add □ Remove ☐ Change \_□ Add ☐ Remove ☐ Change

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ed MAY	,20	2015 Maia	i. hael		<i>a</i> .	<i>(</i> **)
	Signat	ture of a member or author	rized representative of a	member	amn	ئر

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

Page 3 of 3

Filing Fee: \$25.00