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COVER LETTER

Div	ision of Cor	porations			
SUBJECT:	S&J MOBI	LE PC REPAIR, LLC			
SUBJECT.		Name of Lim	ited Liability Company		
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ondence concerning this matter	to the following:		
		STEVE JONES			
			Name of Person	 	
		S&J MOBILE PC REPAIR	R, LLC		
	Firm/Company				
		11467 DEEP SPRINGS D	R. S		
			Address		
		JACKSONVILLE, FL 322	219		
	•	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code		
		SJ.PC.REPAIR1@GMAIL.			
		E-mail address: (to be used for future annual report notif	ication)	
For further in	nformation c	oncerning this matter, please ca	all:		
STEVE JON			904 316-7318 at ()		
	Name o	f Person	at () Area Code Daytime	Telephone Number	
Enclosed is a	a check for tl	ne following amount:			
□ \$25.00 F	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

TO:

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

FILED

2018 NOV 13 PH 3: 10

S&J MOBILE PC REPAIR, LLC

(Name of the Limited Liability Company as it now appears on our records.) Stoice FART OF STATE
(A Florida Limited Liability Company) TALL AHASSE, FL

The Articles of Organization for this Limited Liability		and assigned
Florida document number L15000164466	·	
This amendment is submitted to amend the following	<u>;</u> ;	
A. If amending name, enter the new name of the l	imited liability company here:	
Recon Technical Services, LLC		
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD		
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or re	gistered office address on our records,	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	da
	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>	<u>Address</u>	Type of Action
		 	
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			☐ Change
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If an effe Note: 1	ctive date is listed, the fate inserted	than the date of f the date must be specific in this block does r on the Department	e and cannot be p not meet the app	olicable statutory fili	(option of the contract of the	nar) filing.) Pursuant to 605.0207 date will not be listed as
		delayed effective the record is file		not an effective	time, at 12:01 a	.m. on the earlier of
Dated _	/	11/9	201	<u>/</u> .		
	/_	-h/				
	——————————————————————————————————————	Signature	of a member or a	uthorized representativ	e of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00