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SECRETARY OF STATE
SECRETARY OF STATE

D. SCOTT OCT 0 3 2016

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: AMERICAN COMPUSER ROPAIR CONTEYS L L C 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:	
Gregory Wenzel, Marc Baylary Name of Person	
American Composer Repair Conters LLC Firm/Company	
5230 Land Olakes Blud, Suite 1433	
Land O Lakes, FL 34638 City/State and Zip Code	
PCPitstoPtampa@amail.com E-mail address: (to be used for future arrhual report notification)	T
For further information concerning this matter, please call:	
Name of Person Area Code Daytime Telephone Number	
Name of Person	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (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

Merican Computer of the Limited Liability Compa (Name of the Limited Liability Compa (A Florida Limited I	ny adit now appears on our records.) Liability Company)	<u>LC_</u>
The Articles of Organization for this Limited Liability Company Florida document number 1600098138.	were filed on May 19+h 2	20/6and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity 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)	6745 Land O La Land O Lakes, F	Ker Blvd FL 34638
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Sutte 1433	Kes Blud FL 34638
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		r the name of the new
Name of New Registered Agent:		SEP 3
New Registered Office Address:	Enter Florida street address Florida	
	City	Zip Code 51

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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Mar AMBR = Aut	nager horized Member		
<u>Title</u>	Name	Address	Type of Action
AMBR	Gregory C. Wenzel	6745 Lando Lakes Blud	OAdd
Replacing +	Gregory C. Wenzel)	Remove
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fective date	if other than the date of filing:	9/27/16	(optional)		205
te: If the da	is listed, the date must be specific and ce inserted in this block does not me ctive date on the Department of Sta	et the applicable statutory filing re	equirements, this date	will not be listed	as
	ecifies a delayed effective da ay after the record is filed.	te, but not an effective tim	e, at 12:01 a.m.	on the earlier	of
ted	1/27	2016.			
	Top			TA: SE 36	
	Signature of a mo	ember or authorized representative of	a member	SEP	
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		yped or printed name of signee			ָרֶד רֶדְ
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Filing Fee: \$25.00