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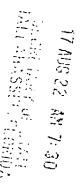
(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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## **COVER LETTER**

TO: Registration S Division of Co			
Boca Rate	on Computer Experts LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
	Justin Martone		
		Name of Person	
	Boca Raton Computer Exp	perts	
		Firm/Company	<del></del>
	33 se 8th st		
		Address	
	Boca Raton Fl 33432		
	<u> </u>	City/State and Zip Code	<del> </del>
	justinalexmartone@hotmai		<del></del>
For further information	e-mail address: (	to be used for future annual report noti all:	ncation)
Justin Martone		561 3226223	
Name	of Person	Area Code Daytim	e Telephone Number
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 ARTICLES OF ORGANIZATION OF

y Company as it now appears on our records,) Limited Liability Company)	<del></del>
ompany were filed on 02/14/2017	and assigned
ted liability company here:	
ted Liability Company." the designation "LLC" or the	e abbreviation "L.L.C."
ESS)	
ered office address on our records, en	ter the name of the no
ess here:	AUG AUG
	335
Enter Florida street address	<del></del>
Ma-2-Ja	30
, Florida , City	Zip Code
	ed liability company here:  ed Liability Company." the designation "LLC" or the ess.)  ered office address on our records, enteress here:  Enter Florida street address . Florida

## 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
MGR	Justin Martone	33 se 8th st Boca Raton H 33432	
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		ness Principal	
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te: If the date inserted in thi	must be specific and cannot be prior to date of	(optional) Filing or more than 90 days after filing.) Pursuant to 60: utory filing requirements, this date will not be list	5.020 ed a
record specifies a dela he 90th day after the		fective time, at 12:01 a.m. on the earli	er (
ed Aug 19	. 2017	_	
	Myster M.	avvir	

Page 3 of 3

Filing Fee: \$25.00