

L17000045808

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

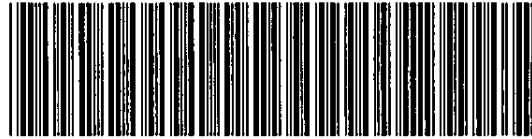
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200296401982

03/13/17--01011--008 **25.00

017 MAR 13 P 4:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

S Warren

MAR 15 2017

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: COMPNET PRO, 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:

Gary L. Payne

Name of Person

Computer Network Professionals, LLC

Firm/Company

127 Venice Palms Blvd.

Address

Venice, Florida 34292

City/State and Zip Code

compnetpros@outlook.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gary L. Payne

Name of Person

at (941) 587-8377

Area Code

Daytime 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**

COMPNET PRO, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/27/2017 and assigned Florida document number L17000045808

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

COMPUTER Network Professionals, LLC

The new name must be distinguishable and contain the words "Limited Liability 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)

127 Venice Palms Blvd.

Venice, Florida 34292

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

127 Venice Palms Blvd.

Venice, Florida 34292

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Gary L. Payne

New Registered Office Address:

127 Venice Palms Blvd.

Enter Florida street address

Venice, Florida 34292

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.

Gary L. Payne
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>	<u>Type of Action</u>
MGR	Bonnie S. Payne	127 Venice Palms Blvd.	☒ Add
		Venice, Florida 34292	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

FILED
 2011 MAR 13 P 4 35
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated MARCH 10, 2017

Gary L. Payne
Signature of a member or authorized representative of a member

GARY L. PAYNE
Typed or printed name of signee

FILED
2011 MAR 13 PM 4:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA