## 117000049464

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PiCK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

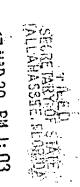
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MAR 22 2017 S. YOUNG



## **COVER LETTER**

TO: Registration Se Division of Cor			
COMETEC SUBJECT:	CH DATA SOLUTIONS LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter	_	
	LISA ZEPEDA		
		Name of Person	<del></del>
	1 STOP DOCUMENT FO	RM & FILING SERVICE LLC	
		Firm/Company	
	2101 VISTA PARKWAY,	STE 120	
	*** **********************************	Address	
	WEST PALM BEACH, FI	_ 33411	cation) PH 1: 03
	City/State and Zip Code		2
	LISA.DOCPREPSERVICE  E-mail address: (	@GMAIL.COM to be used for future annual report notifi	cation)
For further information of	concerning this matter, please ca	-	cation)
LISA ZEPEDA		561 478-7441	03
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he 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)
	ING ADDRESS: ration Section	STREET/COURIE Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

COMETECH DATA SOLUTIONS LLC		
(Name of the Limited Liability (A Florida Li	Company as it now appears on our records mited Liability Company)	<u></u>
The Articles of Organization for this Limited Liability Con	npany were filed on 03/02/2017	and assigned
Florida document number L170 000 494 64		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	•
CPR DATA RECOVERY 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:	N/A	<del>(3)</del> (3)
Principal office address MUST BE A STREET ADDRES	<u> </u>	1
		<b>高</b> 20
Enter new mailing address, if applicable:	4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	2
Mailing address MAY BE A POST OFFICE BOX)	4-4	7. S.
		<u> </u>
B. If amending the registered agent and/or register		, enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Emei Piorida sireet daaress	
· · · · · · · · · · · · · · · · · · ·	, Flo	rida
	City	гір Сойе

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 **Type of Action** Title Name **Address** N/A \_□ Add ☐ Remove ☐ Change □ Add \_□ Remove □ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change \_ Add ☐ Remove ☐ Change

N/A	
***************************************	
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ective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior to	(optional) date of filing or more than 90 days after filing.) Pursuant to 605.02
te: If the date inserted in this block does not meet the applicab ument's effective date on the Department of State's records.	le statutory filing requirements, this date will not be listed as
union s effective date on the Department of State's feetilds.	
record specifies a delayed effective date, but not	an affactive time at 13:01 a.m. on the cardiar a
The 90th day after the record is filed.	an enective time, at 12.01 a.m. on the earner o
ted 03/10/2017 2017	
eu,	. •
\	
Signature of a member or authori	zed representative of a member

Page 3 of 3

Filing Fee: \$25.00