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JUN 2 1 2019 S. YOUNG

COVER LETTER

TO: Registration Secti Division of Corpo			
subject: <u>Сотр</u>	uter Softway	e 271 UC ited Liability Company	
•		,,	
The enclosed Articles of An	nendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	Suzhen H	Name of Person	
		Firm/Company	
	1396 N NOVE	Address	
	DAY TONA B	EACH FL 32117 City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	fication)
For further information con-	erning this matter, please co	all:	
Name of Pe	erson	at () Area Code Daytim	e Telephone Number
Enclosed is a check for the f	following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

.8.

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

Computer So	y Company as it now appears on our records.) Limited Liability Company)
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co	1 1 1 1
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	ted liability company here:
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>
(Principal office address MUST BE A STREET ADDR	ESS)
	2 O
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>
	第41 - M1
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr	ered office address on our records, enter the name of the new ess here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	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> **Name** Address Type of Action MFR Suzhenhuang 2533 Oxmoor Blud SW DAdd Huntsville AL 35803 _□ Change MGR Somahhaid Patel Macon, 6-4 31220 - Rem ____ Remove _□ Change \square Add ☐ Remove ☐ Change □ Add ☐ Remove □ Change □ Add ☐ Remove ☐ Change ☐ Remove _□ Change

				
				
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			<u></u>	
fan effective date <u>Note:</u> If the da	if other than the date of filing:	the applicable statutory		
The 90th d	cifies a delayed effective date by after the record is filed.		ve time, at 12:01 a.m. on th	e earlier of:
Pated	Scafme Mr	2019		
	Signature of a mem	ber or authorized representa	tive of a member	

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Filing Fee: \$25.00