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S. WARREN AUG 1 8 2017

COVER LETTER

TO:	Registration Sec Division of Corp		<i>7</i> 9	
oun it		PUTER SOLUTION LLC		
SUBJE	.CI:	Name of Limi	ited Liability Company	
The en	closed Articles of a	Amendment and fee(s) are subr	mitted for filing.	
Please	return all correspoi	ndence concerning this matter t	to the following:	
		REINERIO GONZALEZ		
			Name of Person	
		5405 SW 131ST AVE	Firm/Company	
		MIAMI, FL. 33175	Address	
			City/State and Zip Code	
		MONIARAUJO2000@YAI	HOO,COM.MX to be used for future annual report notif	·
For fur	ther information co	e-mail address: (to oncerning this matter, please ca	•	icanon)
MONI	CA ARAUJO		786 342-9501	
	Name of	l'Person	Area Code Daytime	e Telephone Number
Enclos	ed is a check for th	ne following amount:		
■ \$2	5.00 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

ABC COMPUTER SOLUTION 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 <u>06/28/2017</u> Florida document number L170001404417 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address Cirv

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

Page 1 of 3

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
AMBR	MONICA ARAUJO	5405 SW 131ST AVE	Add
		MIAMI. FL. 33175	□ Remove
			☐ Change
MGR	REINERIO GONZALEZ	5405 SW 131ST AVE	
		MIAMI, FL. 33175	Remove
			☐ Change
			Add
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			Add
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te: If the date inserted in this b	lock does not meet the applicable statutor	y filing requirements, this date w	ill not be listed
cument's effective date on the D	Department of State's records.		
record specifies a delaye	d effective date, but not an effectord is filed.	tive time, at 12:01 a.m. or	i the earlier
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AUGUST 8TH	2017		
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AUGUST 8TH	Signature of a member or authorized represe	ntative of a member	17 AUB 1
AUGUST 8TH	Signature of a niember or authorized represe	ntative of a member	17 AUS 17 AF

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Filing Fee: \$25.00