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S. WARREN SEP 0 7 2017

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: Grea	at Compute <mark>r</mark> :	s of Ameri	ca, LLC	
		Name of Limited Liabi		
Dear Sir or Madam:				
The enclosed Statemen	t of Correction and fee(s)	are submitted for filing		
Please return all corres	oondence concerning this r	natter to the following	:	
Christophe	er Ells			
	Name of Person	•		
Christophe	er E. Ells, E¦	sq.		
	Firm/Company			
P.O. Box 7	7178			
	Address			
Ft. Lauder	dale, FL 33	338		
	City/State and Zip Code			
chrisells@	msn.com	i		
E-mail address: (o be used for future annua	l report notification)		
For further information	concerning this matter, pl	ease call:		
Chris Ells		954	525-1700	
Name	of Person	Area Code	Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for	r the following amount:			
■ \$25 Filing Fee	S30 Filing Fee & Certificate of Status	S55 Filing Fee Certified Copy	& S60 Filing Fee, Certificate of Status & Certified Copy	
CR2E062 (9/15)		<u> </u>		

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuan FIRST:	t to section 605.0209, F.S., this docum The name of the limited liability com	nent is being submitted to pany is: Great Co	omputers of An	nerica, LLC
SECON THIRD	The Florida Document numb	er of the limited liability	company is: L17000)182282
	(CHECK THE APPROPRIA			
x	Contains an incorrect statement. The statement are as follows:	l		
	Article IV has a typo	 		ng member
	is incorrect "PST Co			
	Correct name is, "P	ST COMPUT	ERS, INC."	
	<u>OR</u>	- 		
	Was defectively signed. The manner as follows:	in which the document	was defectively signed and	the appropriate correction are
				7 SEL
				ASSERT OF THE P
	<u>OR</u>			1 1: 02 FLORIC
	The electronic transmission of the rec	cord was defective.		9/1/17
	Signature of Authorized R	epresentative	Dat	e'
	re of new registered agent, if applicabing the designation).	le (NOTE: if correcting	the registered agent, the ne	w registered agent must sign
I hereby provisio obligati	egistered Agent's Signature, if changing accept the appointment as registered ons of all statutes relative to the proper ons of my position as registered agent a change in the registered office address hange.	digent and agree to act in a complete performe air provided for in Chat	ince of my duties, and I am j iter 605, F.S. Or, if this doci	familiar with and accept the ument is being filed to merely
		Registered Agent's	Signature	
	Ce	Filing Fee:	\$25.00 \$30.00 (optional)	