# L17000241741

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J. HARRIS

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Tobie's Compatters & Electronics 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:
Jordan L Coleman Name of Person
Tobie's Company & Electronies
5187 Cindentane PKWY APT 1404
Orign 20, Fl. 3280 8 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tooken L Coleman at (407) 492 2046  Name of Person at (407) Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Signature Signature Status Solution Signature Solution Signatu

### MAILING ADDRESS:

· TO:

Registration Section Division of Corporations P.O. Box 6327 Tailahassee, 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

Name of the Limited Liability Compar (A Florida Limited I.	Electronic.S ny as it now appears on our records.) Jability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L17000241741</u> .  This amendment is submitted to amend the following:	were filed on and assigned
A. If amending name, enter the new name of the limited liabi	ility company here:
Tobie's Electronies & Computer The new name must be distinguishable and contain the words "Limited Liabil	teos LLC ity 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)	5187 Cindentane Prwy APT 1404 Orlando, FL 32808
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5187 Cinderlane PKMy Apri404 Orbando, FL 32808
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	City Zin Code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pubeing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiat with and performance of my duties. Or, if this documents

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 Title Type of Action Name Address Jordan L Coleman AMBR 5187 Cinder kine PRWY APT 1404 Add Orlando, FL 32808 Remove AMER MINELL CLEAN 5187 Cinocritane PKW APT 14040 Add ORLANDO, FL. 32808 \_□ Remove □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Add ☐ Remove \_\_ Change

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