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DIVISION OF CORPORATION

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COVER LETTER

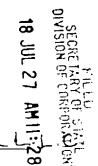
٠.	istration Sec sion of Corp			·
SUBJECT:	LIN	COM PUTER Name of Lim	DIAGNOSTIC ited Liability Company	CS REPARR L.L.C
The enclosed	Articles of A	unendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		LIN, MI	Name of Person	
		LIN COMPUT	ER Diagnostics Firm/Company	s repairliec.
		2250 South	NOVA ROA	D UNI+7
			Tona FL 3 City/State and Zip Code	
		E-mail address: (5 5 188 0 6 mail to be used for future annual report	notification)
For further in	formation co	ncerning this matter, please ca	alt:	
LIN	Mame of	NG GOWN Person	at (478) 55 Area Code Da	ytime Telephone Number
Enclosed is a	check for the	e following amount:		
□ \$25.00 Fi	ling Fee	2 \$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)
	Registra	NG ADDRESS: tion Section of Corporations x 6327	STREET/CO Registration So Division of Co Clifton Buildir	rporations

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



LIN COMPUTER DEAGNOSTECS REPAIR LES (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 4/23/18 and assigned
Florida document number L 18008101315.	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2250 South NOVA ROAD
(Principal office address MUST BE A STREET ADDRESS)	Unit 7, South Duytoner, FL 32/19
Enter new mailing address, if applicable:	2250 South NOVA ROAD
(Mailing address MAY BE A POST OFFICE BOX)	Uvit 7, Sath Daytona PL
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	ffice address on our records, enter the name of the new $\underline{\mathbf{e}}$:
Name of New Registered Agent: ARTY	FUR LASHUN GREENE

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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

_____. Florida 32119

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
MGR	LIN; MING GUAN	2250 South NOVA ROAD	□ Add
RA		2250 South NOVA ROAD	Remove
		FL 32119	Change
MGR	ARTHUR LASHUN GUENE	2250 SOUTH NONA ROAD	_ ™ Add
MGR E RA		Unit7, South Daytona	□ Remove
		FL 32119	Change
·			□ Add
			□ Remove
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Filing Fee: \$25.00