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Office Use Only



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COVER LETTER

TO: Registration Se Division of Con			
SUBJECT: Wes	Name of Lim	Hen Senvice lited Liability Company	s, LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Gay J.	West Brock Name of Person	
	WESTTEK	computer s	services, LLC
	15603 Sc	Address	rne
	Lithia,	City/State and Zip Code	1928Ay. rr. com
	E-mail address: (TOROCK OTAN	ication)
For further information of	oncerning this matter, please co		
Gay J. L	West Break	at (_772_)S59 Area Code Daytime	- 788 6 Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 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

COMPUTER

(A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on APRIL 30	عد/8 and assigned
Florida document number <u>L 1800010860</u> 1	
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	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	18 SIVIG
(Principal office address MUST BE A STREET ADDRESS)	

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 ade	dress
		Florida
	City	Zip Code

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

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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> <u>Address</u> Type of Action <u>Name</u> _ Change □ Add ☐ Remove _□ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove □ Change □ Add ☐ Remove ☐ Change □ Add

☐ Remove

☐ Change

		
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ctive date, if other than the date of filing:	(optional)	
effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 day e: 1f the date inserted in this block does not meet the applicable statutory filing requiremen	ys after filing.) Pursuant to	605.02 listed
ument's effective date on the Department of State's records.		
ecord specifies a delayed effective date, but not an effective time, at 12 ne 90th day after the record is filed.	::01 a.m. on the ea	rlier
d June 6 2018		
June 6 Kithold		
		_
Signature of a member or authorized representative of a member		

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Filing Fee: \$25.00