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COVER LETTER

Division of Corporations
SUBJECT: CLR Computer Technologies UC 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:
Cindy Burch Rame of Person
CLR Social ty Systems LLC
19707 Denning Ln.
Estero FL 33928 City/State and Zip Code
E-mail address: (to be used for future annual contribution)
For further information concerning this matter, please call:
Name of Person at (86) 355-4764 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee SCertificate of Status Certified Copy (additional copy is enclosed) S55.00 Filing Fee SCertified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address:

TO:

Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CLR Computer lash	DOMES LIC	
(Name of the Limited Liability Comp	any as unow appears on our records.) Liability Company)	
(24 Frontia Ellimed	Chairming Company	
The Articles of Organization for this Limited Liability Company	y were filed on a \ 20	and assigned
Florida document number <u>L2000</u> 26865		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	Control of the contro	white mind on WI I C "
The new name must be distinguishable and tentain the words "Limited Liar	only Company, the designation "LLC" or the	adoreviation L.L.C.
Enter new principal offices address, if applicable:	19707 Damine	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	Estero FL 3	3928
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	19707 Demin Estab FL 33	5 ln 928
		三
B. If amending the registered agent and/or registered office	address on our records, enter the na	me of the new registere
agent and/or the new registered office address here:		22
Name of New Registered Agent:		PH :
runis of frew registered regent.		<u> </u>
New Registered Office Address:	Tomy Ln. Enter Florida streenddress	. 62
F	, Florida	33928
	City	Zip Code

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 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>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□ Change
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