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## **COVER LETTER**

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

CREATIVE COMPUTER SOLUTIONS LLC SUBJECT: 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: ALEXANDER JOHN GORSKI Name of Person CREATIVE COMPUTER SOLUTIONS LLC Firm/Company 3552 ANTARCTIC CIRCLE Address NAPLES, FLORIDA 34112 City/State and Zip Code ALEXGORSKI7@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ALEXANDER JOHN GORSKI 410-2723 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ☐ \$25.00 Filing Fee ■ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CREATIVE COMPUTER SOLUTIONS L	<del></del>	
(Name of the Limited Liabi (A Flori	ility Company as it now appears on our record da Limited Liability Company)	<u>ls.</u> )
The Articles of Organization for this Limited Liability	Company were filed on 06/04/2021	and assigned
Florida document number L21000259785		was always to determine the second sec
This amendment is submitted to amend the following:		
. If amending name, enter the new name of the lin	nited liability company here:	
NORDIC SYSTEMS LLC		
he new name must be distinguishable and contain the words "Lie	mited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		ONE TANG
Principal office address MUST BE A STREET ADD	RESS)	全岛 二十
		80 = 1N
Inter new mailing address, if applicable:		구절 후
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
3. If amending the registered agent and/or registere	ed office address on our records, enter	the name of the new regis
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		orida
	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>	<u>Address</u>	Type of Action
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Effective date, if other than the If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the Defective date.	epartment of S	tate's records.	one statutory I	iung requireme	nts, this da	ite wil	l not bu	e listed as
a recent appointion and decorate or	date, but not	an effective tir	ne, at 12:01 a.	m, on the earlie	r of: (b)	The 90	th day	after the
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rd is filed.  Dated		2021	_ ·					
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