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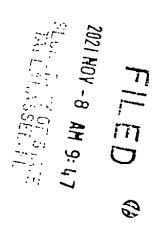
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C. BRUMBLEY NOV 29 2021

TK COMPUTERS 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: LOVETTE DOBSON Name of Person Firm/Company 17350 STATE HWY 249 STE 220 Address HOUSTON, TX 77064 City/State and Zip Code EFILE1234@INCFILE.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LOVETTE DOBSON 888-462-3453 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee, ■ \$25.00 Filing Fec ☐ \$30.00 Filing Fee & Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) **Street Address:** Mailing Address: Registration Section Registration Section

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

TO:

Registration Section
Division of Corporations

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

TO

ARTICLES OF ORGANIZATION **OF**

TK COMPU	TERS LLC			
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our record bility Company)	<u>ds.</u>)		
The Articles of Organization for this Limited Liability Company w Florida document number L21000284702	ere filed on 06/18/2021	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabili	ty company here:			
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC	C" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:		<u> </u>		
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		7021 NOV -8 A		
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	dress on our records, <u>ente</u>	——————————————————————————————————————		
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street addre	ess		
	. Florida			
	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 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Actio
AMBR	KEVIN BUTLER	16770 S US HIGHWAY 441 STE 603	□Add
		SUMMERFIELD, FL 34491	≣ Remove
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Effective date, if other than the (If an effective date is listed, the date mus Note: If the date inserted in this ble document's effective date on the De	ock does not i	meet the applic	to date of filing able statutory	or more than 90 of Tiling requirem	_ (optional) days after filing. ents, this date) Pursuant to 605.02 will not be listed
Superior of Street, to date on the or						
ne record specifies a delayed effectivord is filed.						
Dated	<u>-</u>	, 2021				
Dated NOVEMBER 2 Troy TROY BUTLER	3utte	<u>.</u>				<u>-</u>
	Cincolnia o Co	mambus or auth	orized represent	itive of a membe	۲r	
<i>,</i> ,	Signature of a	memocr or audio	ormed represent			