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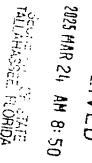
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO:

TO: Registration Se Division of Cor			
SUBJECT: All C	emputer and Elec	toul Servicing	LLC
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Jennifer Morrison		
		Name of Person	
	New Horizon Technology.	LLC	
		Firm/Company	
	113 S MONROE ST #113		
	 	Address	
	TALLAHASSEE, FL 323	01	
		City/State and Zip Code	·· ·
	info@nhznt.com		
	E-mail address: (to be used for future annual report not	tification)
For further information c	oncerning this matter, please c	all:	
Jennifer Morrison		850 201-0685	
Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	ection
Registration 9 Division of C		Registration Se Division of Co	
P.O. Box 632	•	The Centre of	•
Tallahassee, l	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALL COMPUTER AND ELECTRONIC SEI		
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records. Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on 11-19-2021	and assigned
- 	 '	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
New Horizon Technology, LLC		
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET ADDR	ESS)	2025
		<u> </u>
		52 N №
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our records, <u>enter t</u>	he name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flo	rida
	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
<u></u>	<u> </u>		□ Add
			□Remove
			Change
			□Remove
			□Change
			_ _ _ _ _ _ \Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Remove
			□Change

Effective date, if other than the date of filing: 6. Fan effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 8. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. 8. record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the dis filed. 8. Dated March 24 2025 2025 2025 2025 2025 2025 2025 2			_			
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