

W4 0000 53202

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

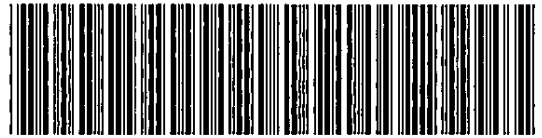
(Business Entity Name)

(Document Number)

Certified Copies: _____ Certificates of Status: _____

Special Instructions to Filing Officer:

Office Use Only



200158250762

07/10/09--01016--017 **60.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 JUL 10 AM 10:41

FILED

T. CLINE

JUL 13 2009

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Onsite Techies, LLC
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:

Robert Murphy
Name of Person

Onsite Techies
Firm/Company

4508 Illicium Drive
Address

Palm Beach Gardens, FL 33418
City/State and Zip Code

lam6186@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lauryn Murphy at (561) 818-2003
Name of Person Area Code & Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 JUL 10 AM 10:41

FILED

Enclosed is a check for the 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**

Onsite Techies, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 7/19/04 and assigned
Florida document number L04000053202

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Onsite Professionals, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

4508 Illucuan Drive
Palm Beach Gardens, FL
33418

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6312 Hammock Park
Road West Palm Beach, FL
33411

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 address

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 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

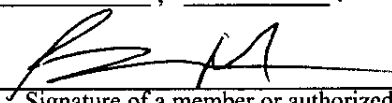
MGRM = Managing Member

Title	Name	Address	Type of Action
MGR	Lauryn Murphy	6312 Hammock Park Rd WPB, FL 33411	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Robert Murphy, Senior	6312 Hammock Park Rd West Palm Beach, FL 33411	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

FILED
 2009 JUN 10 AM 8:41
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated _____, _____



 Signature of a member or authorized representative of a member
 Robert Murphy

 Typed or printed name of signee