

Florida Department of State

Division of Corporations Public Access System

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IDEAL OFFICE SOLUTIONS, LLC

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03/05/2008

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SECRETARY OF STATE TALLAHASSEE FLORIDA ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

| IDEAL OFFICE | SOLUTIONS, LLC | | |
|---|--|----------------------------|------------------------|
| (Name of the Limited Linbility (A Plovida L | Company as it now appe imited Liability Company | Ars on our records.) | |
| The Articles of Organization for this Limited Liability Co | empany were filed on | 08/01/2005 | _ and assigned |
| Plorida document numberL05000074940 | <u>.</u> | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending same, enter the new name of the limit | ed Hability company he | ere: | |
| The new name must be distinguishable and end with the word "L.L.C." | s "Linited Linbility Comp | oany," the designation "LL | C" or the abbreviation |
| 5.5 C. | | | |
| B. If smending the registered agent and/or registered agent and/or the new registered office address. | red office address on | our records, enter the | name of the new |
| | | | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | (Enter Florida street address) | | |
| | Florida | | |
| | (Ciry) | | (Zip Cods) |
| New Registered Agent's Signature, if changing Registered | Agent: | | |
| I hereby accept the appointment as registered agent a | nd agree to act in this | capacity. I further agree | to comply with |

(If Changing Registered Agent, Signature of New Resistered Agent)

Page 1 of 2

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 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 = M MGRM = | anager Managing Member | | |
|-------------------|---------------------------------------|---|----------------|
| Title | Name | Address | Type of Action |
| MGR_ | ROSALIA SANTANA | 15030 SW 127 PLACE MIAMI, EL 33186 US | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | AddRemove |
| D. If amen | ding any other information, eater cha | nge(n) here: (Attach additional sheets, if necess | sary.) |
| | | | |
| | | | |
| Dated <u>M</u> | | + | |
| | | per of ulfibrized representative of a member IOMN SANTANA ed or printed name of signes | |
| | | Page 2 of 2 | |

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