

W09000029737

(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



900265950919

11/03/14--01012--018 \*\*25.00

FILED  
2014 NOV -3 PM 1:04  
CLERK OF STATE  
TALLAHASSEE FLORIDA

NOV 04 2014  
GRUCE

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: ONSearch INTERACTIVE SOLUTIONS, 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:

David Olivares

Name of Person

Firm/Company

1900 N Bayshore Dr Apt 2218

Address

Miami, FL 33132

City/State and Zip Code

condedeolivares@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Olivares

305

213-1351

at ( )

Name of Person

Area Code

Daytime Telephone Number

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

**FILED**  
2014 NOV - 3 PM 1:04  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**ONSEARCH INTERACTIVE SOLUTIONS, 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 03/26/2009 and assigned  
Florida document number L09000029737.

This amendment is submitted to amend the following:

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

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)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**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:

Pedro Perez-Roura

New Registered Office Address:

1111 Brickell Ave, 11th Floor

Enter Florida street address

Miami

City

Florida 33131

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.*

Pedro Perez-Roura

035E2CD7930A489  
If Changing Registered Agent, Signature of New Registered Agent

**If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:**

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
CEO	David Olivares	1444 Biscayne Blvd Suite 115-22	<input type="checkbox"/> Add
		Miami, FL 33132	<input checked="" type="checkbox"/> Remove
MGR	Alberto Lugo	1444 Biscayne Blvd Suite 115-22	<input checked="" type="checkbox"/> Add
		Miami, FL 33132	<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

2014 NOV - 3 PM 1:01  
 FILED  
 CLERK OF DISTRICT COURT  
 MIAMI, FLORIDA

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

---

---

---

---

---

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated October 30th, 2014

DocuSigned by:



\_\_\_\_\_  
Signature of a member or authorized representative of a member

David Olivares

Typed or printed name of signee

**FILED**

**2014 NOV -3 PM 1:04**

**CLERK OF STATE  
TALLAHASSEE FLORIDA**