# #109000029737

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(Re	questor's Name)	<del>-</del>
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PICK-UP	☐ WAIT	. MAIL
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SECRETARY OF STATE

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# **COVER LETTER**

	Registration Sec Division of Corp			
SUBJEC	ONSEAR	RCH INTERACTIVE SO	LUTIONS, LLC	
SUBJEC		Name of Limi	ted Liability Company	
The enclo	osed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please ret	turn all correspor	ndence concerning this matter	to the following:	
		David Olivares		
		<del> </del>	Name of Person	
			Firm/Company	<u></u>
		1900 N Bayshore Dr	Apt 2218	
			Address	<del></del>
		Miami, FL 33132		
		·	City/State and Zip Code	
		condedeolivares@ho		
		E-mail address; (t	to be used for future annual report notific	cation)
For further	er information co	oncerning this matter, please ca	all:	
David	Olivares		305 213-1351	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	e following amount:		
\$25.0	00 Filing Fec	□ \$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**

FILED 2014 NOV 12 PH 1:54

### 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 Florida document number <u>L09000029737</u> .	were filed on 03/26/2009 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	pility company here:	
The new name must be distinguishable and end with the words "Limited Liab	pility Company," the designation "LLC" or the abbreviation "L.L.C."	-
Enter new principal offices address, if applicable:	3440 Sheridan Avenue	_
(Principal office address MUST BE A STREET ADDRESS)	Miami FL 33140	_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3440 Sheridan Avenue Miami FL 33140	-
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		- nev
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 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

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: FILED MGR = Manager AMBR = Authorized Member 2014 NOV 12 PM 1:54 Title **Address Type of Action Name** SECRETARY OF STATE TALLAHASSEE, FLORIDA □ Add □ Remove \_□ Add ☐ Remove \_\_\_\_\_ □ Remove □ Add ☐ Remove \_□ Add \_\_□ Remove \_\_ 🗆 Add \_\_\_\_\_ 🗖 Remove

If amending any other information, enter change(s) here: (Attac	h additional sheets, if necessary.)
•	
,	
Effective date, if other than the date of filing:  (The effective date must be specific, cannot be prior to date of receipt or filed date and the date this document is filed by the Florida Department of State)	(optional) ad cannot be more than 90 days after
Dated October 30th 2014	
Signature of a member or authorized repr	esentative of a member
David Olivares	
Typed or printed name of	Signee

Typed or printed name of signed

Page 3 of 3

Filing Fee: \$25.00

