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B. BOSTICK

OCT 2 5 2012

EXAMINER

## COVER LETTER \_\_ ~

TO: Registration S Division of Co		· ·		
SUBJECT:	Octagoi	n Hosting, LLC		
		ted Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
		Stratton Smith, Esq.		
		Name of Person		
Stratton Law Firm				
		Firm/Company		
611 W. Azeele Street				
		Address		•
	Tam	npa, Florida 33606-2205		
		City/State and Zip Code		
	su	san@strattonlaw.com		ALL SE
For further information	E-mail address: ( concerning this matter, please of	to be used for future annual report no	otification)	SECKETA
Tor farmer information	concerning and matter, piease c			
	Susan Smith	at ( 813 )	251-1624	
Name	of Person	Area Code & Day	time Telephone Numbe	TESTATE ORIGINAL TOTAL OF THE STATE OF THE S
Enclosed is a check for	the following amount:			<b>)</b>
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	sed) Certifie	ate of Status &
Regis Divis P.O.	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, FL 32314	STREET/COU Registration Ser Division of Cor Clifton Building 2661 Executive Tallahassee, FL	porations g : Center Circle	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Octa	gon Hosting, LLC			<del></del>	
( <u>Name of the Limited Liabili</u> (A Florida	ity Company as it now app a Limited Liability Compan	oears on our records.) y)			
The Articles of Organization for this Limited Liability	Company were filed on _	September 20, 20	012 and	assign	ned
Florida document number <u>— 6120000092437</u> — LI2 000 09 7	<u>-</u> కున్న				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lin	mited liability company	here:			
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Co	mpany," the designation	"LLC" or t	he abb	reviation
Enter new principal offices address, if applicable:			, <u>.</u>		
(Principal office address MUST BE A STREET ADI	ORESS)		ASS	72	
			<u> </u>	8	* *
		·	NSS.	<u></u>	9 (1, 1, 2 Te
Enter new mailing address, if applicable:			100	- 12	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(Mailing address MAY BE A POST OFFICE BOX)			7/4		411 - 17"
			- RF	<u>်</u> သ	
B. If amending the registered agent and/or reg	istered office address o	n our records, ente	r the nam	e of f	the nev
registered agent and/or the new registered office ad					
Name of New Registered Agent:					
New Registered Office Address:		Enter Florida street a	ıddress		
	, Florida				
<del></del>	City	,	Zip C	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member

<u>Title</u> <u>Name</u> **Address** Type of Action George Richman MGRM 3002 Espanol Lane #102 Tampa, Florida 33629 Remove □ Add Remove ☐ Add Remove ∏ Add Remove ∏Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member of authorized representative of a member Stratton Smith, Esq. Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00