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#### **COVER LETTER**

TO:	Registration Section
	Division of Corporations

THE OSTMAN GROUP L.L.C.

SUBJECT:

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:

## PATRICK OSTMAN

Name of Person

### THE OSTMAN GROUP L.L.C.

Firm/Company

#### 1618 BRILLIANT CUT WAY

Address

VALRICO, FL 33594

City/State and Zip Code

patrick.ostman@indoor-wireless-solutions.com

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

For further information concerning this matter, please call:

## Patrick Ostman

Name of Person

..813

333-6557

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

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## THE OSTMAN GROUP L.L.C. (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 December 3, 2012 Florida document number L12000152151 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: New Registered Office Address: Enter Florida street address Florida C Zip **G**ode Cin

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.

New Registered Agent's Signature, if changing Registered Agent:

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>	Address	Type of Action
MGR	JUAN ESCOBEDO	732 Stremma Rd.	<b>A</b> dd
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Page 3 of 3

Filing Fee: \$25.00

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