L13000048782

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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A. LUNT

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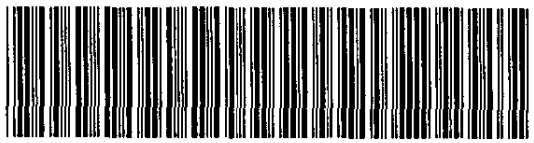

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2013 OCT -1 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 5, 2013

MAURICE ARCADIER
2815 W. NEW HAVEN AVE. STE304
MELBOURNE, FL 32904

SUBJECT: OGMA INFORMATION TECHNOLOGY SOLUTIONS LLC
Ref. Number: L13000048782

We have received your document for OGMA INFORMATION TECHNOLOGY SOLUTIONS LLC and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 613A00020968

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OGMA information Technology 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:

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Maurice Arcadier
Name of Person

Arcadier & Associates, P.A.
Firm/Company

2815 W. New Haven Ave ste 304
Address

Melbourne, FL 32904
City/State and Zip Code

arcadier@uamalaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maurice Arcadier at (321) 953 5998
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

OGMA information Technology 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 04/02/13 and assigned Florida document number L13000048782

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TALLAHASSEE, FLORIDA

This amendment is submitted to amend the following:

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

OGMA IT, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "L.L.C" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

2815 West New Haven
ave. Ste 304
Melbourne, FL 32904

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

2815 West New Haven
Ave. Ste 304
melbourne, FL 32904

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: Murice Arcadier

New Registered Office Address: 2815 West New Haven Ave. Ste 304
Enter Florida street address

Melbourne, Florida 32904
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 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
MGR	Mustafa Muhi	115 Bluff Terrace Melbourne, Fl 32901	☐ Add ☒ Remove
MGR	Mustafa Muhi	2815 w New Haven Ave. Ste 304 melbourne, Fl 32904	☒ Add ☐ Remove
S	Mustafa Muhi	115 Bluff Terrace Melbourne, Fl 32901	☐ Add ☒ Remove
S	Mustafa Muhi	2815 w. New Haven ave Ste 304 melbourne, Fl 32904	☒ Add ☒ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

N/A

Dated _____

Mustafa Muhi

Signature of a member or authorized representative of a member

Mustafa Muhi

Typed or printed name of signee

Filing Fee: $25.00

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2013 OCT -1 PM 1:47
[illegible]
TALLAHASSEE, FLORIDA