L14000137792

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(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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SEGRETARY OF STATE

B. BOSTICK OCT **2 9** 2014

EXAMINED

COVER LETTER

TO:	Registration Section	i.
	Division of Cornerat	٤.,

SUBJECT: OMNISCIENCE 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:

	John Lawless	
	Name of Person	
	Firm/Company	
	2660 Countryclub Drive	
	Address	
	Clearwater, FL 33761	72 2 2
	City/State and Zip Code	2914 SE 68 AL L 58
	john@wtg1.com	
	E-mail address: (to be used for future annual report notification)	\$ 10 mg
For	further information concerning this matter, please call:	
Je	ohn Lawless _{at (} 727 ₎ 465-4126	F STAT
	Name of Person Area Code Daytime Telephone Number	© m
Enc	closed is a check for the following amount:	
▣	\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee \& \Bigcup \$55.00 Filing Fee \& \Bigcup \$60.00 Filing Fee	of Status &

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**

OMNISCIENCE LLC			
(<u>Name of the Limited L</u> (A F	iability Compa Torida Limited I	ny as it now appears on our records,) liability Company)	
The Articles of Organization for this Limited Liabil Florida document number <u>L14000137792</u>	lity Company	were filed on 09/03/2014	and assigned
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liabi	ility company here:	
OMNISCIENCE HOLDINGS LLC			
The new name must be distinguishable and end with the word	ls "Limited Liab	ility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	no change	AS CO
(Principal office address MUST BE A STREET A	DDRESS)		E g TI
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u>x)</u>	no change	TARY OF STATE ASSEEL FLORIDA
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:			enter the name of the nev
N. P. iv. 100 Atl	no change		
New Registered Office Address:	io on ango	Enter Florida street address	
		, Flor	ida
-		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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			□ Add
			
			A SE GRETA
			CRIAD CONTROL REMOVE
			· · · · · · · · · · · · · · · · · · ·
			Add
			☐ Remove
			□ Add

If amei	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
	· · · · · · · · · · · · · · · · · · ·
The effect the date	ve date, if other than the date of filing: tive date must be specific, cannot be prior to date of receipt of filed date and cannot be more than 90 days after this document is filed by the Elorida Department of State)
Dated (September 15 // 2014
_	
	John Lawiess
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2814 OCT 27 P 3: 14
SEGRETARY OF STATE