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FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

Amundicus a. 4.20.15

COVER LETTER

TO:	Registration Sec Division of Corp			
		on IT Solutions, LLC		
SUBJE	ECT:	Name of Limi	ted Liability Company	
The en	closed Articles of A	Amendment and fee(s) are sub-	nitted for filing.	
Please	return all correspor	ndence concerning this matter	to the following:	
		Edward Stahlin		
			Name of Person	
		Direct Incorporation		
			Firm/Company	
		123 N. Ashley St. St	e. 123	
			Address	
		Ann Arbor, MI 48104	1	
		documents@directine	City/State and Zip Code corporation.com	
		E-mail address: (1	to be used for future annual report notific	ation)
For fur	ther information co	oncerning this matter, please ca	all;	
Edwa	ard Stahlin		877 281-6496 at () Daytime 1	
	Name of	f Person	Area Code Daytime	Геlephone Number
Enclos	ed is a check for th	ne following amount:		
□ \$2	5.00 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

Oncryption IT Solutions, LLC		
(<u>Name of the Limited L</u> (A F	ability Company as it now appears on our records.) orida Limited Liability Company)	
he Articles of Organization for this Limited Liabil lorida document number	ity Company were filed on	and assigned
his amendment is submitted to amend the followin	g:	
a. If amending name, enter the new name of the	limited liability company here:	
he new name must be distinguishable and end with the word	s "Limited Liability Company," the designation "LLC" or	the abbreviation "LUC."
nter new principal offices address, if applicable		VISION OF TAR
Principal office address MUST BE A STREET A	DDRESS)	R OF COR
inter new mailing address, if applicable:		PH 4: 0
Mailing address MAY BE A POST OFFICE BOX	<u></u>	Ø .
3. If amending the registered agent and/or egistered agent and/or the new registered office		nter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	2 3	
_	, Florid	aZip Code
	City	zip Çoae

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, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	SINGARAM, SATHISHKUMAR	793 CREEK WATER TERRACE STE 113	
		LAKE MARY, FL 32746	■ Remove
			□ Add
			□ Remove
			Remove
			□ Remove
			☐ Remove
			Add
			☐ Remove

		<u> </u>
		
effective date must be specific, cann	date of filing: ot be prior to date of receipt or filed date and orida Department of State)	(optional) cannot be more than 90 days after
effective date must be specific, cann date this document is filed by the Flo	ot be prior to date of receipt or filed date and	
ective date, if other than the effective date must be specific, cann date this document is filed by the Flored March 23 rd	not be prior to date of receipt or filed date and orida Department of State)	

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Filing Fee: \$25.00