

L14000163969

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2015 MAR 31 PM 4:08

Amend/cus
@ 4.20.15

COVER LETTER

**TO: Registration Section
Division of Corporations**

Oncryption IT Solutions, LLC

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:

Edward Stahlin

Name of Person

Direct Incorporation

Firm/Company

123 N. Ashley St. Ste. 123

Address

Ann Arbor, MI 48104

City/State and Zip Code

documents@directincorporation.com

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

For further information concerning this matter, please call:

Edward Stahlin

877 281-6496

at (_____) _____

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

Oncryption IT Solutions, LLC

The Articles of Organization for this Limited Liability Company were filed on 10/21/2014 and assigned
Florida document number L14000163969.

Page 1 of 3

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

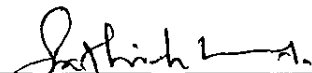
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	SINGARAM, SATHISHKUMAR	793 CREEK WATER TERRACE STE 113	<input type="checkbox"/> Add
		LAKE MARY, FL 32746	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated March 23rd, 2015



Signature of a member or authorized representative of a member

SATHISHKUMAR SINGARAM

Typed or printed name of signee