## \*14000163969

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	idress)	****
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
Special Instructions to	Filing Officer:	

Office Use Only



100274076821

06/18/15--01034--007 ★★30.00

2015 JUN 18 PHIZ: 03

K.SALY EXAMNER 10N 1 9 2015 EM POWERING AMERICA'S ENTREPRENEURS

Florida Department of State Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 enitia corporation p.o. box 495 dexter, mi 48130

June 10, 2015

## Re: OnCryptions Professional Services and Solutions LLC

Dear Sir or Madam:

Enitia Corporation has been authorized by Claudia Muriel to file the enclosed Amendment for OnCryptions Professional Services and Solutions LLC. Enitia Corporation is acting only as the Incorporator.

If you need any additional information, you can reach us at

1-877-281-6496 (toll free) documents@directincorporation.com

We have enclosed an additional \$5.00 for one "Certificate of Status". For your convenience, I have enclosed a self-addressed envelope.

Thank you,

Ed Stahlin Enitia Corporation

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2015 JUN 18 PM 12: 03

ONCRYPTION IT SOLUTIONS, LLC

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 add	ress
	Cin:	Florida

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

(Mailing address MAY BE A POST OFFICE BOX)

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: FILED MGR = Manager 2015 JUN 18 PM 12: 03
TALLAMASSEE FLORID; AMBR = Authorized Member <u>Title</u> <u>Name</u> **Address Type of Action** □ Add ☐ Remove □ Change □ Add ☐ Remove ☐ Change \_□ Add □ Remove □ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change \_□ Add ☐ Remove

☐ Change

_	
-	
-	
-	
_	
-	
-	
-	<del></del>
_	
-	
-	
-	
_	
-	<del>.</del>
-	· <del></del>
_	
f`an eff <b>Note:</b>	date, if other than the date of filing:  ve date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a 's effective date on the Department of State's records.
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed.
Dated	June 2 , 2015
	$\bigcap_{\alpha}$
<b>J</b> (11001	
Janos	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00