# 11600083581

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## **COVER LETTER**

TO: Registration Section > Division of Corporations
SUBJECT: Rampart Eagle IT 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:
Victor Buarania
Rampart Eagle IT Solutions, LLC.
2135 Harden Blvd
Lakeland, FL 33803 City/State and Zip Code
VICTOR DUONAMIA C DE LIC COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Victor Buonamia at (813) 498 048(o ext 100)  Name of Person Area Code Daytine Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  □ \$25.00 Filing Fee & □ \$60.00 Filing Fee, 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

ARTICLES OF C	ORGANIZATION (See 1)
· · · · · · O	ORGANIZATION OF  20/7 <sub>SFP</sub>
Ramourt Eagle I	DRGANIZATION  To Solution Step - Ph 3: C  Liability Company)  Liability Company
The Articles of Organization for this Limited Liability Company Florida document number LI600083581.	were filed on $4.25.16$ and assigned and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2135 Harden Blvd
(Principal office address MUST BE A STREET ADDRESS)	Lakeland FL 33803
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2135 Harden Blvd Lakeland FL 33803
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida Zip Code
N. B. L. Land C. L. Harris D. L. L.	

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Ms $AMBR = At$	anager uthorized Member		FILER	
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Filing Fee: \$25.00