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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 Buonamia Name of Person		
Rampart Eagle IT Solutions, LLC.		
2135 Harden Blvd. Address		
Lakeland FL. 33803 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Name of Person at (813) 498-0486 Area Code Daytime 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 □ Certificate of Status & Certificate o		

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certified Copy (additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION OF The Articles of Organization for this Limited Liability Company were filed on 4.25.16Florida document number LIGOCO83581 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "FPC" or the abbrevia Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

. Florida

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 = Manager AMBR = Authorized Member		FILED	
<u>Title</u>	<u>Name</u>	Address 2017 DEC 22 PM 6: 3	8 Type of Action
		SECRETARY OF STATE TALLAHASSEE FLORID	_ □ Add
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(If an ef) Note:	ive date, if other than the date of filing:
f the red (b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	December 21st 2017. Was 2 Signature of a member or authorized representative of a member
	Victor Buonamia Typed or printed name of signee

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Filing Fee: \$25.00