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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Rampart Sage IT Solutions, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Micole Buonamia Name of Person
Rampart Eagle IT Solutions, LLC
2135 Harden Blud
Lakeland FL 33803 City/State and Zip Code
Micole, buonania e oto - 11c. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at 1813 1679 - 8376 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 & Certified Copy (additional copy is enclosed) □ \$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 Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ramport Eagle IT's (Name of the Limited Limbility Comp (Astroida Limited)	any as it now appears on our rec Liability Company)	urds.	
The Articles of Organization for this Limited Liability Company	were filed on 4.26	-18 and assi	gned
Florida document number <u>L1C0C083581</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "I	J.C" or the abbreviation "L.I	. C."
Enter new principal offices address, if applicable:	8021 8. Dr. Mar	tin Luther Kinc	J. Bluc
(Principal office address MUST BE A STREET ADDRESS)	Tampa FL 33	610' ·	<u></u>
Enter new mailing address, if applicable:	Elezi E. Dr. Marti		<u>Ir. Bl</u> vd.
(Mailing address MAY BE A POST OFFICE BOX)	Tampa FL 3	53610 J	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		ords, enterthe name of	of the new
Name of New Registered Agent:			<u>im</u>
New Registered Office Address:	Enter Florida street ad	M 8: 02	
		Florida Zip Code	
	· ";	2.17 \ OCIC	

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 = A $AMBR = A$	rlanager Authorized Member		
Title	<u>Name</u>	Address	Type of Action Jr. Blyd
MGR	Victor L Buonamia	8621 EDr. Martin Luther Ki Tampa FL 33610	Jr. Blvd noj Gradd
		Tampa, FL 33610	Remove
			Change
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☐ Change

□ Add

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Effective date, if other than the date of filing:	
the record specifies a delayed effective date, but not an effective time, at 12:01) The 90th day after the record is filed.	a.m. on the earlier of
Dated November 5th . 2018.	
Much Roumannuc Signature of a member or authorized representative of a member	
Signature of a member or authorized representative of a member	į.

Page 3 of 3

Filing Fee: \$25,00