# ZIUCCOO3051

(Re	equestor's Name)	
(Ac	idress)	,
(Ac	idress)	· · · · · · · · · · · · · · · · · · ·
(Ci	ty/State/Zip/Phone	<del>= #</del> )
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PICK-UP	MAIT	MAIL
(Bı	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	· · · ]
Special instructions to	Timing Officer.	

Office Use Only



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# **COVER LETTER**

	ition Section of Corporation				
SUBJECT:	_ ON	POINTE	SYSTEMS	LLC	
-		Name of Lim	ited Liability Company		
The enclosed Arti	cles of Amendm	ent and fee(s) are sub	mitted for filing.		
Please return all c	orrespondence c	oncerning this matter	to the following:		
	<del></del>	Howard	Name of Person		***
			Name of Person		
		ON PO	INTE 5YSTE. Firm/Company	المح در	<u>e</u>
			Firm/Company		
	<u> </u>	174 WATE	RCOLOR LM	y SVIT	E 103.240
			Address		
		SAMA RE	City/State and Zip Co	R 32	2459
	+	INFO & C E-mail address: (1	to be used for future ann	ual report notil	fication)
For further inform	nation concerning	this matter, please ca		•	,
0	Rovata	2	at ( <u>844</u> ) Area Code	<b>9</b> 44	9100
	Name of Person		Area Code	Daytime	e Telephone Number
Enclosed is a chec	ck for the followi	ng amount:			
<b>E</b> \$25.00 Filing		.00 Filing Fee & ertificate of Status	☐ \$55.00 Filing For Certified Copy (additional copy is		☐ \$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

# TO ARTICLES OF ORGANIZATION OF

on posme sys	TEMS, LIC
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records. iability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed onand assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	
Enter new principal offices address, if applicable:	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	2 E E
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	FILED 17 JUN 16 PH 2: 45 DIVISION OF CONFORMATIONS
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here  Name of New Registered Agent:	, <u></u>
New Registered Office Address:	Enter Florida street address
	, Florida City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agre	ee to act in this capacity. I further agree to comply with the

If Changing Registered Agent, Signature of New Registered Agent

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.

MGR = M AMBR = A	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
176R	RYAN LEIKIN	1110 HOOR TRACE OR	Add
		OWNES MILS, MD 2/1/7	Remove
			Change
			Add
	·		Bemove
			Service F
<del></del>			D. Grange T. L. E. D. Grange C. Adapt 2: L. E. D. Grange C.
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or removed from our records:

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Effect	ive date, if other than the date of filing:(optional)
lf an efi <b>Note:</b>	ective 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 605.0207 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as tent's effective date on the Department of State's records.
	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	NNE 14 , 2016
	Haran Rom
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00