

216000103051

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

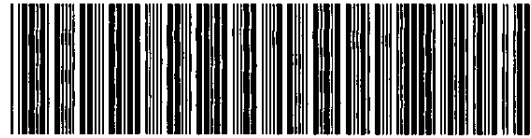
(Business Entity Name)

(Document Number)

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17 JUN 16 PM 2:45  
DIVISION OF CORPORATIONS

2017 JUN 16  
COMMONS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ON POINTE SYSTEMS, 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:

HOWARD ROVNER

Name of Person

ON POINTE SYSTEMS LLC

Firm/Company

174 WATERCOLOR WAY, SUITE 103-210

Address

SANTA ROSA BEACH FL 32459

City/State and Zip Code

INFO@ONPOINTESYS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

O ROVNER

Name of Person

at ( 844 )

Area Code

344-9100

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$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



or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u>         | <u>Type of Action</u>                      |
|--------------|-------------|------------------------|--|
| MGR          | RYAN LEIKEN | 1110 HIDDEN TRAIL DR   | <input type="checkbox"/> Add               |
|              |             | OWINGS MILLS, MD 21117 | <input checked="" type="checkbox"/> Remove |
|              |             |                        | <input type="checkbox"/> Change            |
|              |             |                        | <input type="checkbox"/> Add               |
|              |             |                        | <input type="checkbox"/> Remove            |
|              |             |                        | <input type="checkbox"/> Change            |
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**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(If an effective 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 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated JUNE 14, 2016

*Howard Roman*

Signature of a member or authorized representative of a member

HOWARD ROMAN

Typed or printed name of signee