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SECRETARY OF STATE

J. SAULSBERRY EXAMINER NOV 20 2012

COVER LETTER

	Registration Section Division of Corporations	; 				
SUBJE		hnology Solutio				
	Name of Foreign Li	mited Liability Com	pany			
Dear Si	r or Madam:					
	closed Affidavit by Foreign Limited ng Member(s) and fee(s) are submit		o Change Mana	ager(s) oi	ŗ	
Please	return all correspondence concerning	g this matter to the fo	llowing:			
	Ann Fierro					
	Name of Person					
	Omega Technology Solutio	ns				
	Firm/Company					
	1314 E Las Olas Blvd, #16	37				
	Address	···		=		7
-	11 P. 14 S. 177			SE E	2	•
	Fort Lauderdale, FI 3330				2	-
	City/State and Zip Code			IAS	ET AON 24	£
	afierro@otsemail.co	m		RY	19	r
E-	mail address: (to be used for future a	nnual report notifica	ntion)	뜻유	È	Г
For fur	ther information concerning this mat	ter, please call:		STATE	9	
	Ann Fierro at (954)	564-4321	A	<u>5</u> 0	
		area Code and Dayti	me Telephone N	Number		
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	P.O. Box 63	Section Corporations			
Enclos \$25 Fi	ed is a check for the following amount of the followin	ount: \$\sum_\$55.00 Filing Fee & Certified Copy	Certificate of Certified Copy	Status &		

CR2E123(8/07)

AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY TO CHANGE MANAGER(S) OR MANAGING MEMBER(S).

1. The name of the limited liability compan Department of State is: Omega	y as it appears on the records of the Florida a Technology Solutions, LLC
2. This entity was formed under the laws of	
3. This entity was authorized to transact bus and its Florida document/registration number	
4. The name and address of each manager of	or managing member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Ann Fierro 1314 E Las Olas Blvd, #167 Fort Lauderdale, FI 33301
	SECRE AND
	TARY OF S
	ORIDA
Required Signature: Signature of Manager,	Levo Managing Member or Member

Filing Fee: \$25