### Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053

: (561)694-8107

: (561)694-1639 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN OMNISCIENT CONSULTANCY GROUP, LLC

Certificate of Status	0
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Corporate Filing Menu

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AUG 0 6 2018

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

#### SECTION I (1-4 must be completed)

<ol> <li>Name of limited liability Company as it appears on the records of the Flori</li> </ol>	da Department of
State: Omniscient Consultancy Group, LLC	<del></del>
Enter new principal office 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)	
2. The Florida document number of this limited liability company is: M18	8000006428
4. Date authorized to do business in Florida: 07-12-18  SECTION II (5-9 complete only the applicable changes)  5. New name of the limited liability company: Ron Sweeney and (must contain "Limited Liability company).	Company, LLC y Company, ""L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of the strain copy of the written consent of the managers or managing members adopting mest contain "Limited Liability Company," "L.L.C." or "LLC.")  6. If amending the registered agent and/or registered officer address on our registered agent and/or the new registered office address here:  Name of New Registered Agent:	ecords, enter the name of the new
New Registered Office Address:	Florida Street Address -
City	Florida Street Address  Florida Zip Code $\omega$
City	Zip Code ယ " ယ
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent and agree to act in this the provisions of all statutes relative to the proper and complete performan and accept the obligations of my position as registered agent as provided fo document is being filed to merely reflect a change in the registered office at liability company has been notified in writing of this change.	capacity. I further agree to comply with ce of my duties, and I am familiar with or in Chapter 605. F.S. Or, if this

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:							
Title! Capacity	<u>Name</u>	Address	Type of Action				
			Db∧				
			Remove				
			Add				
			Remové				
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			Remove				
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aforementioned a	r the law of which this entity is org	by the official having clistody of recor	AUG -				
	Erika Easter						
		inted name of signee	ώ ω · · · · · · · · · · · · · · · · · ·				

# Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT THE SAID "OMNISCIENT CONSULTANCY

GROUP, LLC" FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME

TO "RON SWEENEY AND COMPANY, LLC", ON THE TWENTY-FIFTH DAY OF

JULY, A.D. 2018, AT 9:38 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RON SWEENEY AND COMPANY, LLC", IS THE LAST KNOWN TITLE OF RECORD OF THE AFORESAID LIMITED LIABILITY COMPANY.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RON SWEENEY AND COMPANY, LLC" WAS FORMED ON THE THIRD DAY OF JULY, A.D. 2018.

Authentication: 203166341 Date: 08-01-18

6961656 8321 SR# 20185946240

You may verify this certificate online at corp.delaware.gov/authver.shcml