

#L12000122185

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

CORRECTION TO RA ADD. PER
CONVERSATION WITH
SAMANTHA MEGGISON
6/30/2015 KS

PO ADD

Office Use Only



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06/24/15--01028--003 **25.00

DEPARTMENT OF STATE
CONSUL GENERAL
2015 JUN 30 AM 9:38
FILED

K. SALY
EXAMINER
JUN 30 2015



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 26, 2015

OMNI PRODUCTIONS, LLC
ROBERT GERHART
P.O. BOX 50036
SARASOTA, FL 34232

SUBJECT: OMNI PRODUCTIONS, LLC
Ref. Number: L12000122185

We have received your document for OMNI PRODUCTIONS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 115A00013513

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Omni Productions, 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:

Robert Gerhart
Name of Person
Omni Productions, LLC
Firm/Company
PO Box 50036
Address
Sarasota, FL 34232
City/State and Zip Code
info@omniexpo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Samantha Meggison at 561 573-3751
Name of Person Area Code 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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED
2015 JUN 30 AM 9:38
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

Omni Productions, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 6/23/15 and assigned Florida document number L12000122185.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

8421 Tipkos Dr. Apt 403

(Principal office address MUST BE A STREET ADDRESS)

Kissimmee, FL 34747

Enter new mailing address, if applicable:

PO Box 50036

(Mailing address MAY BE A POST OFFICE BOX)

Sarasota, FL 34232

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Samantha Meggison

New Registered Office Address:

8421 TIPKOS DR, APT. 403
Enter Florida street address

KISSIMMEE

City

Florida

34747

Zip Code

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 = Manager
AMBR = Authorized Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Robert Gerhart	PO Box 50036	<input checked="" type="checkbox"/> Add
		Sarasota, FL 34232	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Samantha Meggison	PO Box 50036	<input type="checkbox"/> Add
		Sarasota, FL 34232	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 ALLIANCE STATE OF FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

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CLERK OF SUPERIOR COURT
ALABAMA


E. Effective date, if other than the date of filing: 6/23/15 (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 23, 2015


Signature of a member or authorized representative of a member

Samantha Meggison
Typed or printed name of signee