L130000595aa

| (Re | questor's Name) | |
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| (Ad | dress) | |
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| PICK-UP | WAIT | MAIL |
| (Bu | siness Entity Nam | e) |
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| Certified Copies | Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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WY 20 2015 J. HARRIS

COVER LETTER

TO:

Registration Section Division of Corporations

> MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

| SUBJECT: OME | | ed Liability Company | adam anning a and didentification to |
|----------------------------|--|---|---|
| | Amendment and fee(s) are subtracted to the concerning this matter to | | |
| | NICHOLAS | Hully Name of Person | |
| | OMEX INTE | Pim/Company | |
| | 10418 Non | BERUN ROAS | > |
| | Suite 123, | TACKSONUL City/State and Zip Code | ue |
| | FLOCIDA B-mail address: (to | 32226 be used for future annual report notifi | cation) |
| For further information ex | neerning this matter, please ca | | • |
| Name of | Hard Person | at (904) 414 F Area Code Daysime | 728-01 Telephone Number |
| Enclosed is a check for th | e following amount: | | |
| \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | D \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle

Tallahassee, FL 32301



15 NOV 20 PM 4: 13 FLORIDA DEPARTMENT OF STATE

Division of Corporations FALL AHASSE; FLORIDA

November 2, 2015

OMEX INTERNATIONAL, LLC 10418 NEW BERLIN ROAD, SUITE 123 JACKSONVILLE, FL 32226

SUBJECT: OMEX INTERNATIONAL, LLC

Ref. Number: L13000059522

We have received your document for OMEX INTERNATIONAL, 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):

The registered agent must sign accepting the designation.

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 315A00023149



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| OMEX INTERNATIONAL, LLC | | | | |
|---|--------------------------------------|---|---|--|
| (Name of the Limited | Liability Compa Florida Limited I | ny as it now appear. Jability Company) | on our records.) | |
| The Articles of Organization for this Limited Liab Florida document number L13000059522 | | · | 1 / | |
| This amendment is submitted to amend the follow | ving: | | • | |
| A. If amending name, enter the new name of t | <u>he limited Hab</u> | ility company he | re: | |
| The new name must be distinguishable and contain the wor | ds "Limited Liabi | lity Company," the de | ssignation "LLC" or the abbreviation "L.L.C." | |
| Enter new principal offices address, if applical | ble: | RTL (EUROPE) | LTD | |
| Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | NORTHGATE BUSINESS CENTER | | |
| | | 38 NORTHGATE NEWARK NG24 1EZ UNITED KINGDO! | | |
| | | 10418 NEW BERLIN ROAD SUITE 123 | | |
| | | JACKSONVILLE, FL 32226 | | |
| B. If amending the registered agent and/o registered agent and/or the new registered offi | ce address her | <u>ē</u> : | | |
| Name of New Registered Agent: | OMEX INTERNATIONAL TRADING CORP, | | DING CORP, | |
| New Registered Office Address: | 10418 NEW BERLIN ROAD SUITE 123 | | | |
| | Enter Florida street address | | | |
| | JACKSONVIL | LE | , Florida ³²²²⁶ | |
| | • | Ciţ | Zip Code | |
| New Registered Agent's Signature, if changing Re | gistered Agent: | <u>.</u> | | |

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 Now Registered Agent

Page 1 of 3

2015 HGY 20 PH

theres.

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

| Title | Name | Address | Type of Action |
|-------|--|---------|----------------|
| MGR | OLAF D MARTENS | | DAdd |
| | | | Remove |
| | | | ☐ Change |
| MGR | NICHOLAS HURRY | | Li Add |
| | | | ■ Remove |
| | | | C Change |
| MGR | OMEX INTERNATIONAL TRAD | V-F | |
| | | | ☐ Remove |
| | | | ☐ Change |
| | The state of the s | | □ Add |
| | | | □ Remove |
| | | | ☐ Change |
| | | | D'Add |
| | | | Change Add |
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| *************************************** | <u> </u> | | | | | |
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| | - 'nn - n | | | | · · · · · · · · · · · · · · · · · · · | |
| Effective d | ate, if other than t | he date of filing | 10/27/2015 | te of filing or more than 90 | (optional) | |
| Note: If the document's the record | e date inserted in this effective date on the | block does not no Department of S ed effective o | neet the applicable late's records. | statutory filing requirer | eents, this date will n | ot be listed as the |
| . | 10.27.20 | 15 | ٨ | | | |
| Dated | 10.61.60 | · <u> </u> | · 4 | n | | n no 20 ma - Marian |
| | | Signature of a | member or authorize | representative of a mem |)OCT | |
| | | | | | | |
| | NICHOLAS | 11 -000 | | | Ç | 20 |