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C. GOLDEN

MAR 2 3 2020

COVER LETTER

TO: Registration Section Division of Corp			
SUBJECT: 10	ngsten Devel	comen A Group Ited Liability Company	<u> </u>
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon-	dence concerning this matter	to the following:	
	O	Nume of Person Revelopment Gree Firm/Company	
	2660 SW 1	Str Street	
	Deer Field Tungstend Umail address: (1)	Chy/State and Zip Code Chy/State and Zip Code Chy/State and Zip Code Chy/State and Zip Code Chy/State and Zip Code	(Om jeation)
For further information con	ncerning this matter, please co	all:	
Tangla C. Y-	NKW 5 Person	at (<u>PSO) 443 -</u> Area Code Daytime	8518 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)
Muiling Address		Street Address	

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tongsten (Name of the Limited L.	Develoc Liability Compar Florida Limited L	or work Group UCC ny ay it now appears on our records.) tability Company)	
The Articles of Organization for this Limited Liabi		were filed on 121117	and assigned
This amendment is submitted to amend the followi	ท <u>ย</u> .		
A. If amending name, enter the new name of th	e limited liabi	lity company here:	
Omni Global U	s "Limited Liabili	ity Company," the designation "LLC" or the abbr	eviation "L. E.C."
Enter new principal offices address, if applicabl (<u>Principal office address MUST BE A STREET A</u>		Tangla C. Alkins 2660 Swish Stra Deerfield Beach Fi	et _ 37472
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BO</u>	<u>.v)</u>		
B. If amending the registered agent and/or registered agent and/or the new registered office address h		ddress on our records, enter the name	of the new registered
Name of New Registered Agent:	Tangl	a C. Akins	
New Registered Office Address:	21100 S	MISTA Street Emer Florida street address	
<u>ِ</u>	Deelfield	Seach FC Florida 3	344 Z

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>	Address	Type of Action
			□Add
MIS	}		□ Remove
(V) (I)		□Change	
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			□Remove
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Page 2 of 3

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an effect ote: - If	date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 0th day after the record is filed.
ated	3/1/20 2020 Signature of a member or authorized representative of a member
	THUE AC
	Tangla C. HKins

Page 3 of 3

Filing Fee: \$25.00