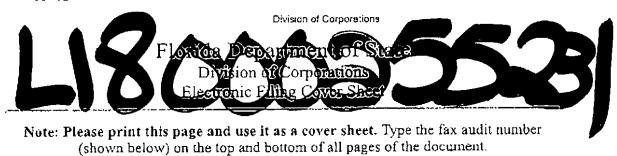
11/13/2019



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GUIDA AND DIMENEZ, P.A.

Account Number : I20100000037 Phone : (813)933-2336

: (813)935-8721 Fax Number

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

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	O.M. Service G	•		14 1: 9P	
(Name of the Limi	ted Linbility Compa (A Fiorica Limited I	iny as it now ∎pp Liability Compan	eurs on our rec	ords.)	
			(MERHA)	۲۰۰۰ مید این این	
The Articles of Organization for this Limited L	iability Company	were filed on	10/30/2018	aı	nd assigned
Plorida document number L18000255231					
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name o	f the limited lish	ility company	here:		
A. It amending name, enter the new name of	t the minica nab	anty Company		tion of Tampa, LLC	•
The new name must be distinguishable and contain the v	and of the last first in	Un Company " th		•	
The new name must be distinguishable and commit the v	vords Limited List:	inty Company, ti	e designation 1	SEC of the hoofeville	on L.E.C.
Enter new principal offices address, if applic	able:				·
(Principal office address MUST BE A STREE	T ADDRESS)	2750 \$. 47th	Street		
		Tampa, FL 3	3619		
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE	BOX)				
B. If amending the registered agent and registered agent and/or the new registered o			on our reco	rds, enter the n	ame of the new
Name of New Registered Agent:	James A. Jimer	iez	,		
New Registered Office Address:	1302 W. Sligh	Ave			
		Enter I	Florida street ada		
	Tampa			Florida 33604	
	·	City	'	Zin	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 thoughn Registered Agent, Signaturgof New Registered Agent

Page 1 of 3

If amendin	g Authorized Person(s) authorized to n	nanage, enter the title, name, and address of o	H19000334301 3
	from our records:		
MGR = X $AMBR = X$	Manager Authorized Member		
Title	<u>Name</u>	Address	Type of Action
			🖸 Add
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If amendin	g any other information, e	nter change(8) here	e: (Attach odditional sheets, if r	iecessary.	H1900033430
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Note: If the	ate, if other than the date of date is listed, the date must be spece date inserted in this block doe effective date on the Departme	is not meet the applica	to date of filing or more than 90 days able statutory filing requirements,	ptional) after filing.) Pure this date will	suant to 605.0207 (3)(b) not be listed as the
the record) The 90tl	specifies a delayed effec h day after the record is	tive date, but no filed,	t an effective time, at 12:0	11 a.m. on t	the earlier of:
Dated	November 12	2019			
	,				
-	Signatu	re of a member or nuthe	nrived representative of a member		
	Owen M	Iachural			
-			d name of signee		

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