

L20000 173577

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

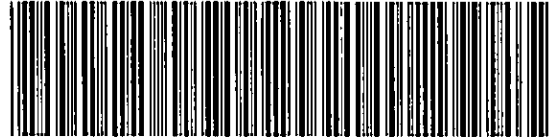
(Business Entity Name)

(Document Number)

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07/09/20--01002--016 \*\*25.00

2020 JUL -9 PM 4:42

Amend

AUG 20 2020  
ALBRITTON

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: OMNIWIX 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:

Celso Guimaraes  
\_\_\_\_\_

Name of Person

OMNIWIX LLC  
\_\_\_\_\_

Firm/Company

1871 McCauley Road  
\_\_\_\_\_

Address

Clearwater, Florida 33765  
\_\_\_\_\_

City/State and Zip Code

celgui3@hotmail.com  
\_\_\_\_\_

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kurt R. Fredricks  
\_\_\_\_\_

813  
at (\_\_\_\_\_) \_\_\_\_\_

255-7960

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 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**

OMNIWIX 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 06/22/2020 and assigned  
Florida document number L20000173577.

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

New Registered Office Address:

*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_  
City 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>                   |
|--------------|-------------------|-------------------------------|---|
| VP           | Fernando Paolillo | 1405 Kensington Woods         | <input checked="" type="checkbox"/> Add |
|              |                   | Lutz, Florida 33549           | <input type="checkbox"/> Remove         |
|              |                   |                               | <input type="checkbox"/> Change         |
| VP           | DW Comex LLC      | 6538 Collins Avenue Suite 615 | <input checked="" type="checkbox"/> Add |
|              |                   | Miami Beach, Florida 33141    | <input type="checkbox"/> Remove         |
|              |                   |                               | <input type="checkbox"/> Change         |
| VP           | Alana Benz        | 1871 McCauley Road            | <input checked="" type="checkbox"/> Add |
|              |                   | Clearwater, Florida 33765     | <input type="checkbox"/> Remove         |
|              |                   |                               | <input type="checkbox"/> Change         |
|              |                   |                               | <input type="checkbox"/> Add            |
|              |                   |                               | <input type="checkbox"/> Remove         |
|              |                   |                               | <input type="checkbox"/> Change         |
|              |                   |                               | <input type="checkbox"/> Add            |
|              |                   |                               | <input type="checkbox"/> Remove         |
|              |                   |                               | <input type="checkbox"/> Change         |
|              |                   |                               | <input type="checkbox"/> Add            |
|              |                   |                               | <input type="checkbox"/> Remove         |
|              |                   |                               | <input type="checkbox"/> Change         |

[illegible]

(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)

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.

2020

Signature of a member or authorized representative of a

Signature of a member or authorized representative of a member

Celso Guimaraes

Typed or printed name of signee