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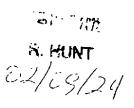
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COVER LETTER

TO:	Registration S Division of C					
SUBJ	IECT: OMNIS S	OLIDITY CAPITAL, L.I	۶.			
	Nar	ne of Florida Limited Par	tnership or 1	_imited L	iability	Limited Partnership
The e	nclosed Certific	ate of Amendment a	nd fee(s) a	re subm	itted f	or filing.
Please	e return all corre	espondence concernit	ng this ma	tter to:		
FEDE	RICO DE GRAZIA	\				F.7
		Contact Person				
PARIS	CONSULTING C	ROUP, LLC				1
		Firm/Company	·			
6750 N	ANDREWS AVE	E STE 200				PH 3: 00
	· · · · · · · · · · · · · · · · · · ·	Address				STA C
FT LA	UDERDALE, FL	33309				LIE 0
	С	ity, State and Zip Code				
FDG@	PARIS-LAWGR	OUP.COM				
E	E-mail address: (to	be used for future annual	report notifi	cation)		
For fu	ırther informatio	on concerning this ma	atter, pleas	se call:		
FEDE	RICO DE GRAZIA	\	954 at (778-30	76
	Name of Contac	t Person		Code an	d Daytii	me Telephone Number
Enclo	sed is a check f	or the following amo	unt:			
\$ 52	2.50 Filing Fee	☐\$61.25 Filing Fee and Certificate of Status		00 Filing ified Copy		-
Regis Divis P.O. I	ng Address: tration Section ion of Corporati Box 6327 nassee, FL 3231			The Cei 2415 N	ation S n of Co ntre of . Mont	

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

OMNIS SOLIDITY CAPITAL, L.P. Insert name currently on fi	le with Florida Department of State	e
Pursuant to the provisions of section 620.1202, F limited liability limited partnership, whose certificate of amendment to	icate was filed with the Floridation of the Florida document number B2200	la Department of State on 00000267
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the here:	limited partnership or limited	liability limited partnership
New name must be distinguis	hable and contain an acceptable suf	fix.
Acceptable Limited Partnership suffixes: Limited Partners. Acceptable Limited Liability Limited Partnership suffixes: B. If amending mailing address and/or principal office address here:	Limited Liability Limited Partnershipal office address, enter nev	w mailing address and/or
New Principal Office Address: (Must be STREET address)	1600 PONCE DE LEON BLVD. 11TH FLOOR SUITE 1106	·
New Mailing Address: (May be post office box)	CORAL GABLES, 33134 1600 PONCE DE LEON BLVD. 11TH FLOOR SUITE 1106 CORAL GABLES, 33134	PH 3: 00
C. If amending the registered agent and/or register registered agent and/or the new registered office ad		ls, <u>enter the name of the new</u>
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	·
New Registered Office Address:	Enter Florida street a	ddress
	, Flor	ida 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.

	If Changing Registered Agent, Signature of New Registered Agent
D. If amending the general partner(s), <u>enter t</u>	the name and business address of each general partner bein

Title	Name	Address	Type of Action
			_ □ Add □ Remove
			_ □ Add3 _ □ Remove
			Addo
			Add Remove
			Add Remove
			Add Remove

E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:

- This Limited Partnership hereby elects to be a "Limited Liability Limited Partnership."
- ☐ This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

(NOTE: If adding or removing" limited liability limited partnership" status, all general partners must sign this amendment.)

Effective date, if other than the (Effective date cannot be prior to nor i State.)	date of filing: <u>DECE</u> more than 90 days afte	EMBER 15, 2023 er the date this document	t is filed by the Flor	ida Department c
Note: If the date inserted in this block be listed as the document's effective date			equirements, this dat	te will not
be fisted as the document's effective di	ate on the Department	of State's records.		
Signature(s) of a general partr	ner or all general	partners*:		
(*NOTE: Only one current general paremoving a "limited liability limited pa				
when adding or removing a "limited lia				rai partiers to st
*				
<u> </u>				- 435 - 27
			-	
<u>.</u>			<u> </u>	<u>.</u>
			S. H.S.	P :
			ATE	00
Signature(s) of all new or disso	ociating general p	oartner(s), if any:		
		 	•	
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Filing Fec: Certified Copy (optional):	\$52.50 \$52.50			