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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV - 3 2015

J SHIVERS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Omni Properties 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:

Michele Dasse

Name of Person

Omni Properties LLC

Firm/Company

21761 Banyanwood Rd

Address

Boca Raton FL 33433

City/State and Zip Code

nawlingirl@hotmail.com

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

For further information concerning this matter, please call:

Michele Dasse

954

414-2113

at (_____) _____

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)

*plus additional \$30.00
for certified copy of original*

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS: *articles of organization*
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301
total \$90.00

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

OMNI PROPERTIES 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 December 12, 2003 and assigned
Florida document number L03000052306.

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)

21761 Banyanwood Rd

Boca Raton FL 33433

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

21761 Banyanwood Rd

Boca Raton FL 33433

15 NOV - 2 AM 9:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Michele Dasse

New Registered Office Address:

21761 Banyanwood Rd

Enter Florida street address

Boca Raton

Florida 33433

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>
AMBR	Michael Cavallaro	101 Giardino Dr	<input type="checkbox"/> Add
		Islamorada, FL	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Nancy Cavallaro	101 Giardino Dr	<input type="checkbox"/> Add
		Islamorada FL	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Michele Dasse	21761 Banyanwood Rd	<input checked="" type="checkbox"/> Add
		Boca Raton FL 33433	<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
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

15 NOV - 2 AM 9:39
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TALLAHASSEE, FLORIDA

15 NOV -2 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated October 27, 2015

DAKASSO

Signature of a member or authorized representative of a member

Michele Dasse

Typed or printed name of signee