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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
nawlingsgirl@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michele Dasse at (954) 414-2113
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

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
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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E. Effective date, if other than the date of filing: _____ (optional)

(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)

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.

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.

Dated October 27, 2015

Signature of Michele Dasse

Michele Dasse

Typed or printed name of signee