10400017508

(Re	questor's Name)	
. (Ad	dress)	
(Ad	dress)	
(Cit	:y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Document Number)		
Certified Copies	_ Certificate	s of Status
Special Instructions to Filing Officer:		

Office Use Only



12/03/12--01008--008 **50.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

APPROVEU AND FILED

D. BRUCE

DEC 0 4 2012

EXAMINER

COVER LETTER

TO:

Registration Section Division of Corporations

The Ohmega Group, 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:

Gail N. Morley

Name of Person

The Ohmega Group, LLC

Firm/Company

1756 Silver Street

Address

Jacksonville, FL 32206

City/State and Zip Code

gmorley@ohmegagroup.com

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

For further information concerning this matter, please call:

Gail Morley

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

Name of Person

\$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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE OHMEGA GROUP, 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 March 5, 2004 and assigned Florida document number <u>L</u>04000017508 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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 1756 Silver Street Enter new principal offices address, if applicable: Jacksonville, FL 32206 (Principal office address MUST BE A STREET ADDRESS) 1756 Silver Street Enter new mailing address, if applicable: Jacksonville, FL 32206 (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 registered agent and/or the new registered office address here: Name of New Registered Agent:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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 608, 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.

City

Enter Florida street address

Zip Code

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager '
MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGRM	Gail N. Morley	283 Oak Common Ave.	Add
		St. Augustine, FL 32206	Remove
			Add
			Remove
			Add
			Remove
			12 DEC
			SSEE, F AND
			CORIDA
			Remove
			Add

D. If amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
Dated Nov	vember 27 2012
	Male A. Mile
	Signature of a member or authorized representative of a member
	Mark A. Morley, PE
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE

APPROVED AND FILED