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SECRETARY OF STATE DIVISION OF GORPORATIONS

T. HAMPTON
APR - 2 2010

EXAMINER

COVER LETTER

` TO:

то:	Registration So Division of Co				
SUBJE	CCT:	OMF CAPITAL	INVESTMENTS, LLC		
50201			nited Liability Company		
The en	closed Articles of	Amendment and fee(s) are su	bmitted for filing.		
Please	return all correspo	ondence concerning this matte	r to the following:		
	Ongais Fleming				
	Name of Person				
	Firm/Company				
		1071	1 Preserve Lake Dr. #101		
			•		
			Tampa, FL 33626 City/State and Zip Code		
n 0			to be used for future annual report noti	fication)	
For fur	her information c	oncerning this matter, please of	call:		
Ongais Fleming Name of Person		_	at (321)	948-8511	
	name o	i Person	Area Code & Daytin	e Telephone Number	
Enclose	ed is a check for the	ne following amount:			
\$25	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section on of Corporations ox 6327 assee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Co Tallahassee, FL 32	on rations onter Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here	<u>:</u>		
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Compar	y," the designation "LLC	C" or the ab	breyiation
Enter new principal offices address, if applicable:	10711 Preser	ve Lake Dr. #101	10 A	VISIO
(Principal office address MUST BE A STREET ADDRESS)	Tampa, FL 33		78	모었
				323
Enter new mailing address, if applicable:	10711 Preserv	/e Lake Dr. #101	PH 2:	RPORA
(Mailing address MAY BE A POST OFFICE BOX)	Tampa, FL 33	626	, OIL	
				S
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent:		ur records, <u>enter the</u>	name of	the new
New Registered Office Address:	Ente	er Florida street addres	<u> </u>	
	City	, Florida	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 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.

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Jamella Fleming	2369 Lake Debra Dr. #2012 Orlando, FL 33835	Add Remove
MGRM	Maria A. Jones-Fleming	10711 Preserve Lake Dr. #101 Tampa, FL 33626	Add ☐ Remove
			Add Remove
			Add Remove
			Add Remove
<u></u>			Add Remove
	7arch 16 , 201	or authorized representative of a member	FILED * SEGREJAFIY OF STATE DIVISION OF CORPORATIONS 10 APR - PH 2: 28
-		Ongais Fleming or printed name of signee	

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Filing Fee: \$25.00