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| Special Instructions to F | iling Officer:    |             |
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FILED STATE SECRETARY OF STATE DIVISION OF CORPORATIONS

## **COVER LETTER**

| 4 مساء                            |   | OVER LETTER   |   |              |
|-----------------------------------|---|---|---|--------------|
| TO: Registration S Division of Co |   |   |   |              |
| SUBJECT: OMEG                     | GA 3 LLC                                    |   |   |              |
|                                   | (Name of Li                                 | mited Liability Company)  | <del></del>   |              |
| The enclosed Articles o           | f Amendment and fee(s) are so               | ubmitted for filing.  |   |              |
| Please return all corresp         | ondence concerning this matte               | er to the following:  |   |              |
|                                   | AARON LANKRY                                | ,   |   |              |
|                                   | 7 THOM LAME                                 | (Name of Person)  |   |              |
|                                   |   | (Ivalie of Ferson)  |   |              |
|                                   |   |   | _ 9   | 2            |
|                                   |   | (Firm/Company)  | 07 DEC 20   | 3 <u>2</u> 2 |
|                                   |   |   | 23.0  | 로움           |
|                                   | 20533 Biscayne b                            | olvd. suite #409  | 20  | 목            |
|                                   |   | (Address)   |   | SO C         |
|                                   | Aventura, FL 331                            | 80  | AM 11: 46   | FSTAT        |
|                                   |   | (City/State and Zip Code)   | - 46  | SE.          |
| For further information of        | concerning this matter, please              | call:   |   | 0,           |
| Aaron Lankry                      |   | at ( 305 ) 430 9260   |   |              |
| <del> </del>                      | of Person)                                  | (Area Code & Daytim   | e Telephone Number)   |              |
|                                   | 6.11  |   |   |              |
| Enclosed is a check for the       | <u> </u>                                    |   |   |              |
| ▼ \$25.00 Filing Fee              | □\$30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 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

|     | □   | $\sim ^{\wedge}$ | 2 | 1 1 |    |
|-----|-----|------------------|---|-----|----|
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(Present Name)
(A Florida Limited Liability Company)

| FIRST:   | The Articles of Organization were filed on April 02, 2007 and assigned document number L070034733 |               |
|----------|---|---------------|
| SECOND:  | This amendment is submitted to amend the following:   |               |
|          | TO DELETE THE FOLLOWING MANAGER   |               |
|          | Christopher Gertz   |               |
|          | 1100 SE 11TH COURT  | OT C          |
|          | FORT LAUDERDALE FL 33316  | VISION OF COP |
|          |   | CORP<br>CORP  |
|          | TO ADD THE FOLLOWING MANAGER  | AM 11: 46     |
|          | AARON LANKRY  | 94 GNS        |
|          | 20533 Biscayne blvd. suite #409   |               |
|          | Aventura, FL 33180  |               |
|          |   |               |
| Dated NO | OVEMBER 21  |               |
|          | Signature of a member or authorized representative of a member                                    |               |
|          |   |               |
|          | AARON LANKRY  Typed or printed name of signee   |               |
|          | Typed of printed finding of signee  |               |

Filing Fee: \$25.00