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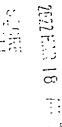
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Omati Housing L.L.C. 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:
Mathieu Joseph Name of Person
Firm/Company
1550 N. Federal Hwy Ste 14
Boynton Beach, FL 33435 City/State and Zip Code Omatisolutions @amail: com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mathieu Joseph at (786) 972-9387 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
✓ \$25.00 Filing Fee
Mailing Address: Street Address:

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

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

2022 HUR 18 ATT 7: 24

Omati Housing	a L. L. C. SEURE .
(Name of the Limited Liability (A Florida Li	Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Con	npany were filed on April 30, 2007 and assigned
Florida document number <u>LD 70000 45553</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	d liability company here:
The new name must be distinguishable and contain the words "Limited	d 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 ADDRES	<u>SS)</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
maning and ess man be a rost of rice boar	
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	ffice address on our records, enter the name of the new registere
Name of New Registered Agent:	····
New Registered Office Address:	
	Enter Florida street address
	, Florida
New Degistered Agent's Signature if shanging Degistered A	,

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 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>	Address	Type of Action
AMBR	Fimane J. Estime	1550 N. Federal Hwys	14 7Add
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