L08000071499

(Re	equestor's Name)	
(Ac	ldress)	
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Certified Copies	_ Certificates	of Status
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Special Instructions to	Filing Officer:	
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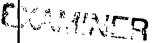
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TALL ARESSEE FLORIDA

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COVER LETTER

TO: Registration S Division of Co	ection orporations		
surrect. Omega	a One Realty LLC		8
SUBJECT: STORY	(Name of Lim	ited Liability Company)	
•			
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	_
•	Ü	ū	OSMAR 20 MA 8
	Vita Formoso		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		(Name of Person)	
	Omega One Realty LLC		
	Onega One Reaky LLO	(Firm/Company)	The second
	156 S. CHARLES R. BE	ALL BLVD. SUITE 1 (Address)	
		(Vontess)	₹.
	DEBARY, FL 32713		
		(City/State and Zip Code)	
For further information	concerning this matter, please c	all:	·
Vita Formoso		at (352) 729-2283	
(Name	of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for	the following amount:		
□ \$25.00 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)
Regis Divis P.O. 1	LING ADDRESS: tration Section ion of Corporations Box 6327 hassee, FL 32314	STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Cente Tallahassee, FL 3230	ons r Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

• OMEGA ONE REALTY LLC (Name of the Limited (A	Liability Company as it now : Florida Limited Liability Com	appears on our records.)		
The Articles of Organization for this Limited Li Florida document number L08000071499	ability Company were filed o	n 7-24-2008 and a	ssigned	
This amendment is submitted to amend the follows:	-	Ny harra	. T	
A. If amending name, enter the new name of N/A	the limited hability compar	iv nere:	3 /	
The new name must be distinguishable and end wit "L.L.C."	h the words "Limited Liability	Company," the designation "LLO" or the	e abbreviation	
Enter new principal offices address, if applic	able:	. '9	<u>v</u>	
(Principal office address MUST BE A STREE	T ADDRESS) N/A		,	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	N/A BOX)	554		
B. If amending the registered agent and/or the new registered of New Registered Agent:		s on our records, enter the name	of the new	
				
New Registered Office Address:	156 S. CHARLES R BEALL BLVD SUITE 1 (Enter Florida street address)			
	DEBARY, FL 32713	, Florida 32713		
	(City)	(Zip C	ode)	

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 **Type of Action Title Address** Name | **GIACINTO FORMOSO MGRM** Add . Remove 156 S CHARLES R BEALL BLVD DEBARY, FL 32713 FRANCESCA FORMOSO MGRM 156 S CHARLES R BEALL BLVD Remove **DEBARY. FL. 32713** 🗖 Add Remove ☐ Add Remove ☐ Add Remove ☐ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) N/A 2009 Dated MARCH 10, Signature of a member or authorized representative of a member **VITA FORMOSO** Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00