

L09000004331

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(Business Entity Name)

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EXAMINER



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07/08/11--01017--005 **55.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JUL -8 AM 11:09

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Stealth Omni Technologies, LLC.
Name of Limited Liability Company

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DIVISION OF CORPORATIONS
11 JUL -8 AM 11:09

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert Cole
Name of Person
Stealth Omni Technologies, LLC.
Firm/Company
3200 81st St. N.
Address
St. Petersburg, FL. 33710
City/State and Zip Code
sotllc@5linx.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Cole. at (727) 459-5521
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$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

Health Omni Technologies, LLC.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JUL -8 AM 11:09

The Articles of Organization for this Limited Liability Company were filed on 01/14/2009 and assigned
Florida document number 209000004331

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."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(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 of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Robert Cole

New Registered Office Address:

3200 81st. St. N.

Enter Florida street address

St. Petersburg

Florida

33710

City

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

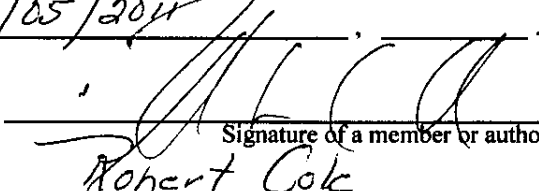
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Starr, Michael	146 2nd. St. N. #310 St. Petersburg, FL, 33701	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Cole, Francesca	3200 81st St. N. St. Petersburg, FL, 33710	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Tio, Dennis A.	11074 Ramford Ct. Pinellas Park, FL, 33782	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated

07/05/2011



Signature of a member or authorized representative of a member

Robert Cole

Typed or printed name of signee