

LO900044712

Florida Department of State
Division of Corporations
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H090001202343ABCV

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To:
Division of Corporations
Fax Number : (850) 617-6383

From:
Account Name : J.E. OYARCE & ASSOCIATES
Account Number : I19990000186
Phone : (305) 324-2248
Fax Number : (305) 324-4959

FILED
09 MAY 13 AM 8:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

OMM OMNI MEDIA MARKETING, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

S. HAWKES

MAY 14 2009

EXAMINER

RECEIVED

09 MAY 13 AM 7:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

Help

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OMM OMNI MEDIA MARKETING, LLC
(Name of Limited Liability Company)

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

JORGE E OYARCE

(Name of Person)

JE OYARCE & ASSOCIATES, PA

(Firm/Company)

199 SW 12TH AVENUE, SUITE 11

(Address)

MIAMI, FL 33130

(City/State and Zip Code)

For further information concerning this matter, please call:

JORGE E OYARCE

(Name of Person)

at (305) 324-2248

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E062 (08/05)

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

OMM OMNI MEDIA MARKETING, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 5/07/09 and assigned
Florida document number L09000044712

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:

TYPOGRAPHICAL ERROR ON MISSPELLING NAME

New Registered Office Address:

OLDEMAR DANILO BARREIRO VASQUEZ

(Enter Florida street address)

5441 NW 159TH ST. MIAMI, Florida 33014

(City)

GARDENS

(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

FILED
09 MAY 3 AM 8 31
TALLAHASSEE COUNTY
SECRETARY

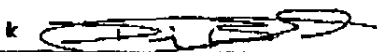
Title	Name	Address	Type of Action
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> 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.)*

TYPOGRAPHICAL ERROR ON MISSPELLING NAMES ON ARTICLES III,
IV AND ARTICLES V.

CORRECT NAMES: OLDEMAR DANILO BARREIRO VASQUEZ

Dated MAY 12, 2009


Signature of a member or authorized representative of a member
OLDEMAR DANILO BARREIRO VASQUEZ
Typed or printed name of signee