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2011 MAY 20 AM 9: 21

J. SAULSBERRY EXAMINER

MAY 24 2011

COVER LETTER

TO:	Registration Sec Division of Corp	ction porations				
SUBJI	ECT:		IAL SOLUTIONS LLC			
		Name of Limi	ted Liability Company			
		Amendment and fee(s) are sub	_			
	·	•				
KEYUR PATEL Name of Person						
			Tallie of Follow			
OMNI FINANCIAL SOLUTIONS LLC				LC		
Firm/Company						
10116 SPRINGTREE CT						
Address						
	TAMPA, FL 33615				2011 SE(
			City/State and Zip Code		ZOII HAY SECRETA	eries 13
		E-mail address: (t	o be used for future annual report not	ification)	20 ARY SSE	i i
For fu	rther information co	oncerning this matter, please c	all:		AM 9: 2 OF STATE EX FLORID	
	ROI	HINI PATEL	at (_813_)	919-9409	9: 21 TATE DRID	· • • • • • • • • • • • • • • • • • • •
Name of Person		Area Code & Daytime Telephone Number		. ••		
Enclos	sed is a check for the	e following amount:				
	5.00 Filing Fee	\$30.00 Filing Fee &	\$55.00 Filing Fee &	\$60.00 Fili	ina Fee	
V \$2.	5.00 r ming r cc	Certificate of Status	Certified Copy (additional copy is enclose	Certificat ed) Certified	te of Status &	
MAILING ADDRESS: Registration Section			STREET/COUF Registration Sect	RIER ADDRESS:		

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OMNI	FINANCIAL SOLUTIONS	LLC		
(Name of the Limite	d Liability Company as it now appear A Florida Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited	Liability Company were filed on	06/29/09	and assigned	
Florida document numberL0900006	33018			
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited liability company her	<u>·e</u> :		
The new name must be distinguishable and end w	vith the words "Limited Liability Compa	nny," the designation "l	<	
Enter new principal offices address, if appl	icable:		2011 SEC	
(Principal office address MUST BE A STRE	· · · · · · · · · · · · · · · · · · ·	HAY 20 AHASS		
Enter new mailing address, if applicable:	<u></u>		O AM 9 2	
(Mailing address MAY BE A POST OFFICE	2 2			
B. If amending the registered agent and registered agent and/or the new registered		our records, enter t	the name of the new	
Name of New Registered Agent:	KEYUR PATEL		<u> </u>	
New Registered Office Address:	10116 SPRINGTREE CT	ter Florida street ada	Iross	
	TAMPA	. Florida	00045	
	City	, rioriua	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records:</u>

MGR = Manager MGRM = Managing Member <u>Title</u> **Name** Type of Action **Address** MGR KEYUR PATEL 10116 SPRINGTREE CT ✓ Add TAMPA FL 33615 Remove Remove ☐ Add Remove Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

ALCRETARY OF STARS SEE, FLORE OF STARS SEE, Signature of a member or authorized representative of a member

Page 2 of 2

1/W/ W/ PATEL
Typed or printed name of signee

Filing Fee: \$25.00