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SECRETARY OF STATE

TALLAHASSEE, FLORIDA.

Office Use Only

EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Omega Real Estate Group, LLC 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:
Keith Reading Name of Person
Omega Real Estate Group Firm/Company
1348 Fruitville Rd. Ste 301 Fr. B. T.
Sarasota FL 34236  City/State and Zip Code
City/State and Zip Code  5   Sa   +a   2   @   Qo   Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kerth Redding at 941, 894-4216  Name of Person at 941, 894-4216  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, 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

Omega Real Estate	Group, LLC		
Name of the Limited Liability Comp (A Florida Limited	nany as it now appears on our records.) Liability Company)	<del></del>	
The Articles of Organization for this Limited Liability Compar Florida document number <u>L09000106611</u> .	ny were filed on 11 4 09	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:	20	
Key Solutions Real Esta The new name must be distinguishable and end with the words "Lin" "L.L.C."	nited Liability Comparty," the designation "L	C" ocuhe abbreviation	
Enter new principal offices address, if applicable:		<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)		1 10	
	50	1 PO	
Enter new mailing address, if applicable:	1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		
Mailing address MAY BE A POST OFFICE BOX)			
	***	····	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
	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 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>Address</u> Type of Action **Title** <u>Name</u> ☐ Add ☐ Remove ☐ Add Remove Remove ∏Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00