0000056373

(Re	questor's Name)
(Ad	dress)	
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	Algae t	o Omega, LLC	
		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.	
Please return all correspondent	ondence concerning this matte	r to the following:	
		Raphael Dominguez	····
		Name of Person	
		gae to Omega Holdings, Inc	201 TAL
		Firm/Company	A A
12		1 NE 38th Street, Suite C	2011 APR 111 SECNCTARY
		Address	ASSEE, J
	0	akland Park, FL 33334	AM II: 54 OF STATE E. FLORIDS
	City/State and Zip Code		
	int	fo@algae2omega.com to be used for future annual report notifica	Von)
		•	uon)
For further information of	concerning this matter, please	call:	
Raph	ael Dominguez	at (_954_) 79	90-8674
	of Person	Area Code & Daytime T	
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee &	\$55.00 Filing Fee &	\$60.00 Filing Fee,
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
MAII	ING ADDRESS:	STREET/COURIE	ADDRESS:
	ration Section	Registration Section	n a nagagangaga

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

Alga	e to Omega, LLC			
(<u>Name of the Limited Liabili</u> (A Florid	ity Company as it now appears a Limited Liability Company)	s on our records.)		
The Articles of Organization for this Limited Liability Florida document number L10000056373	Company were filed on	5/24/2010	and assigne	ed
Fiorida document number	<u> </u>			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	mited liability company here	:		
			3 20 Z	
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Compar	ny," the designation '		eviation
Enter new principal offices address, if applicable:			S = -	
(Principal office address MUST BE A STREET ADL	ORESS)			÷
				· ************************************
			5 5 1	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered agent and/or the new registered office ad		ur records, <u>enter</u>	the name of th	ie new
Name of New Registered Agent:	· · · ·			
New Registered Office Address:				
	Ente	er Florida street ad	ldress	
		, 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 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	<u>Address</u>	Type of Action
MGRM	Raphael Dominguez	1201 NE 38th Street, Suite C Oakland Park, FL 33334	Add Remove
<u>MGRM</u>	Geronimos Dimitrelos	1201 NE 38th Street, Suite C Oakland Park, FL 33334	☐ Add ☑ Remove
MGR_	Raphael Dominguez	1201 NE 38th Street, Suite C Oakland Park, FL 33334	Add Remove
MGR_	Geronimos Dimitrelos	1201 NE 38th Street, Suite C Oakland Park, FL 33334	✓ Add ☐ Remove
			Add Remove
	<u></u>		Add Remove
D. If amend	ding any other information, enter cha	ange(s) here: (Attach additional sheets, if necessar	
_			2011 APR 11 SSEE
Dated	4/07/2011	Poll.	AM II: 54
	Signature of a mem		
		Raphael Dominguez ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00