L10000077720

(Re	equestor's Name)	
(Ac	ddress)	
(Δα	ddress)	
(***	141033)	
(Ci	ty/State/Zip/Phon	e #)
	-	
. PICK-UP	☐ WAIT	MAIL
(Bı	ısiness Entity Naı	me)
(=-		
(Do	ocument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



900185406599

09/16/10--01041--006 **30.00

JIVISION OF CORPORATION

B. KOHR

SEP 27 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 17, 2010 ·

DARREN ODESNIK 1515 E. BROWARD BLVD., APT. #412 FT. LAUDERDALE, FL 33301

SUBJECT: OMNI FINANCIAL GROUP LLC

Ref. Number: L10000077720



We have received your document for OMNI FINANCIAL GROUP LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The new name you have chosen -- NEW RIVER FINANCIAL LLC -- is already being used by another company. Please see the attached computer printout for Document Number L07000028043.

Another name will have to be selected...

Your \$30.00 payment will be applied to your resubmission.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr Regulatory Specialist II

Letter Number: 910A00022148

COVER LETTER

	gistration Section vision of Corporations	
SUBJECT:		Omni Financial Group LLC
·		Name of Limited Liability Company
The enclosed	d Articles of Amendment and	I fee(s) are submitted for filing.
Please return	all correspondence concerni	I fee(s) are submitted for filing. ing this matter to the following: Damen Odesnik Name of Person Firm/Company
		Damen Odesnik
		Name of Person
		Firm/Company
		1515 E. Boward Blue, Apt # 412 Address
		Ft. Laudercale, FL 33301 City/State and Zip Code
		odesnika & hotmail. com
	<u>E</u> -	mail address: (to be used for future annual report notification)
For further in	nformation concerning this m	natter, please call:
	Darren Odesnik	at (954) 816-7651
	Name of Person	Area Code & Daytime Telephone Number
Enclosed is a	n check for the following amo	ount:
\$25.00 F	. 🗸	
	Certifica	te of Status Certified Copy Certificate of Status &
	previously tende	(additional copy is enclosed)
	accepted by Fl Chave \$30 credi	of Object State
	•	
	MAILING ADDRESS Registration Section	STREET/COURIER ADDRESS: Registration Section
	Division of Corporation	
	P.O. Box 6327	Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Omni Financial Group UC
(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
Florida document numberL1 0000077720
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
New River Financial Group LLC
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviatio '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:
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 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:

	Name	Address	Type of Action
			Add Remove
	 		☐ Add ☐ Remove
			Add Remove
f ame	ending any other information, e	nter change(s) here: (Attach additional sheets,	if necessary.)
-			
-			
- - -d	September 21	_,2010	

Page 2 of 2

Filing Fee: \$25.00