

L11000026936

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

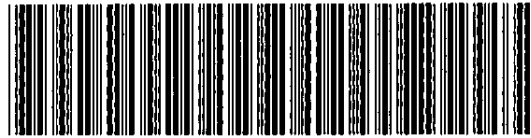
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2011 JUL -6 PM 4:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

JUN 7 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 7, 2011

ALI JIVAN / OM AROMA LLC
37 N. ORANGE AVE #500
ORLANDO, FL 32801

SUBJECT: OM AROMA LLC
Ref. Number: L11000026936

We have received your document for OM AROMA LLC and your check(s) totaling \$55.00. However, the document has not been filed and is being retained in this office for the following:

Please note the money amounts differ on the check. Please send a corrected check for the proper amount. The correct amount is \$55.00.

If you have any further questions concerning your document, please call (850) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 011A00013881

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OM AROMA 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:

ALI JIVAN
Name of Person
OM AROMA LLC
Firm/Company
37 N. ORANGE Ave #500
Address
ORLANDO, FL 32801
City/State and Zip Code
arhjivan@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Allan Raza at 800 961-8635
Name of Person 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, Certificate of Status & 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

FILED

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OM AROMA LLC

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on March 3, 2011 and assigned
Florida document number L11000026936

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

OM AROMA LLC

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)

37 N ORANGE AVE
Suite 500
ORLANDO, FL 32801

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

37 N. ORANGE AVE
Suite # 500
ORLANDO, FL 32801

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:

N/A

New Registered Office Address:

37 N. ORANGE AVE Suite 500

Enter Florida street address

ORLANDO

City

Florida

32801

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.

N/A

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
	N/A		<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.)

~~#~~ FEIN Number is assigned as
80-0718327

Dated 05/31/11


Signature of a member or authorized representative of a member

ALI JIVAN
Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA