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SECNETIANT OF STATE
ALLAHASSEE, FLORIDA

D. BRUCE FEB 14 2017

COVER LETTER

TO: Registration So Division of Cor					
OMAS LL	С				
SUBJECT:	Name of Lim	ated Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	JUAN REYTOR				
		Name of Person		-	
	8MAS LI	40			
		Firm/Company		_	
	9731 FONTAINEBLEAU	BLVD APT FIII			
		Address		_	
	MIAMI FL 33172				
	juanxreytor@yahoo.com	City/State and Zip Code		2017 SEC TALL	
	E-mail address: (to be used for future annual report not	fication)	FEB AHAN	
For further information of	concerning this matter, please ca	all:) 3 	,
JUAN REYTOR		786 4937085 at ()		<u>n</u> <u>n</u> <u>n</u>	
Name (of Person	Area Code Daytin	ne Telephone Numbe	STATE	O
Enclosed is a check for t	the following amount:			<i>P</i> N	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status &	

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

OMAS LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L11000041168	were filed onAPRIL 06 2011 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	hty Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	9731 FONTAINEBLEAU BLVD FIII	
(Principal office address MUST BE A STREET ADDRESS) MIAMI FL 33172		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P O BOX 227653 MIAMI FL 33222	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	ffice address on our records, enter the 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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	LEZA SOLEDA	P O BOX 227653 MIAMI FL 332	Add
			□ Remove
			☐ Change
MGRM	LEZA OSCAR	P O BOX 227653 MIAM1 FL 3:	= Add
			□ Remove
			☐ Change
MGRM	LEZA AGUSTIN	P O BOX 227653 MIAMI FL 33	■ Add
			Remove
			☐ Change
MGRM	SCHMITZ, MONICA	P O BOX 227653 MIAMI FL 33	Add
			LAHA Remove
			SSE-D Charge
MGR	REYTOR, JUAN	P O BOX 227653 MIAMI FL 332	SE VIII D
			D C Remove
			Change
	REYTOR, JUAN		□ Add
		For	□ Remove
			☐ Change

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Effective	e date, if other than the date of filing: ive date is listed, the date must be specific and ca		(0)	ptional)		
Note: If	the date inserted in this block does not me	et the applicable statute	ing or more than 90 days a ry fifing requirements,	fter filing) Purs this date will i	uant to 605.0. not be listed	207 (<u>.</u> Las tl
documen	t's effective date on the Department of Sta	ie s records.				
he reco	rd specifies a delayed effective da Oth day afțer the reçord is filed.	te, but not an effe	ctive time, at 12:0	1 a.m. on t	he earlier	of:
1116 9	our day after the record is filed.					
Dated _	2/08/201	·				
	1 / 1/0					
	1 7	ember or authorized repres	entative of a member			
	Just	Kaulla	0			

Page 3 of 3

Filing Fee: \$25.00