4110000074759

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)
PICK-UP WAIT	MAIL
(Business Entity Name)
(Document Number)	
Certified Copies Certificates of	f Status
Special Instructions to Filing Officer:	
A. Ll	JNT
JUL 11	2011

EXAMINER

Office Use Only



300209687793

07/08/11--01010--021 **30.00



COVER LETTER

TO:

Registration Section

Division of Co	rporations				
SUBJECT:	OMG A	DVISORS LLC.			
5000ECT		nited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are su	ubmitted for filing.			
Please return all corresp	ondence concerning this matte	er to the following:			
		RICHARD KUSMER Name of Person		-	
	OMEGA MANA	AGEMENT GROUP ADVISOR	RS LLC.		
	4	Firm/Company			
	116	00 RIVERWIND CIRCLE		PS B	
		Address		ZOII JUL -8 SECRETAR) ALLAHASSI	-
	VERC	D BEACH, FLORIDA 32967		TAR:	רבט
		City/State and Zip Code		Y OF	'n
	E-mail address:	rakusmer@aol.com (to be used for future annual report notific	ation)	OF STATE	
For further information	concerning this matter, please	•	,	ROATE SE	
	HARD KUSMER	at\	38-3056		
Name	of Person	Area Code & Daytime	Telephone Numbe	er	
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status &	sed)
Regisi Divisi P.O. E	LING ADDRESS: tration Section on of Corporations Box 6327 assee, FL 32314	STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	tions ter Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OMG AD	OVISORS LLC.		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appe sited Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Liability Com	pany were filed on	JUNE 27, 2011	and assigned
Florida document numberL11000074759			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	l liability company he	ere:	
Omega Manageme	· · · · · · · · · · · · · · · · · · ·		
The new name must be distinguishable and end with the words 'L.L.C."	"Limited Liability Com	pany," the designation "Ll	.C" or the abbreviation
Enter new principal offices address, if applicable:		2	1 2 2 ·
Enter new principal offices address, it applicable: (Principal office address MUST BE A STREET ADDRES)		<u> </u>	20 -
Frincipal office dauress MUST BE A STREET ADDRES	<u> </u>	HAS	
	<u> </u>	SHE.	<
Enter new mailing address, if applicable:		E. FLORI	नु 🗷 🔟
(Mailing address MAY BE A POST OFFICE BOX)			, 9
Muning undress MATE DE ATTOST OF THE DOAY		A	
B. If amending the registered agent and/or registere	ed office address on	our records, enter th	e name of the new
registered agent and/or the new registered office address			
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:

MGR = Manager

<u>Title</u>	Nome	Address	Type of Action
<u>r rue</u>	Name	Address	Type of Action
			Add
			Remove
			Add Remove
			Add
			Remove
			Add
			Remove
			P _ω N
			Hemove 1
			SSS -
			me m
			redu
			© move O
D. If amend	ling any other information, enter chan	ge(s) here: (Attach additional sheets, if necesso	, S 1.0
	,		,
			
			
Dated		·•	
	Rindacia	1 15 00	
	Signature of a member	er or authorized representative of a member	
		CHARD KUSMER	
		d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00