L11000116014

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COVER LETTER

Division of Co			
OMATS I	Brands, LLC		
	Name of Lir	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	oondence concerning this matter	r to the following:	
	Eric Jacobson		
		Name of Person	
	OMATS Brands, LLC		
		Firm/Company	
	PO Box 783486		
	· · · · · · · · · · · · · · · · · · ·	Address	
	Winter Garden, FL 34778		
		City/State and Zip Code	
	eric@rsvpcapital.com	to be used for future annual report notif	
For further information	concerning this matter, please c		ication)
Eric Jacobson		734 320-6581	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	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:

TO:

Registration Section

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

OMATS Brands, LLC (Name of the Lim	ited Liability Compa	any as it now appears Liability Company)	on our records.)	
The Articles of Organization for this Limited I Florida document number L11000116014 This amendment is submitted to amend the fol	Liability Company			
A. If amending name, enter the new name	~	oility company her	re:	
The new name must be distinguishable and contain the	words "Limited Liabi		-	
Enter new principal offices address, if appli	cable:	5300 Gateway B	vd.	
(Principal office address MUST BE A STRE	ET ADDRESS)	Suite #1		
		Lakeland, FL 33801		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		PO Box 783486		
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:	I/or registered o Office address her Eric Jacobson	ffice address on <u>e</u> :	our records, enter the name of the ne	
New Registered Office Address:	5300 Gateway	Blvd., Suite #1		
New Registered Office Address.			la street address	
	Winter Garden		, Florida 33801	
		City	Zip Code	
New Registered Agent's Signature, if changing	Registered Agent:			
I hereby accept the appointment as register provisions of all statutes relative to the pro- accept the obligations of my position as reg being filed to merely reflect a change in the	per and complete istered agent as p	performance of no provided for in Ci	ny duties, and I am familiar with and hapter 605, F.S. Or, if this document is	

If Changing Registered Agent, Signature of New Registered Scent

company has been notified in writing of this change.

IGR = N MBR = A	lanager Authorized Member		
<u>'itle</u>	<u>Name</u>	Address	Type of Action
		****	□ Add
			Remove
			Change
			Add
			□ Remove
			Change
-		·	Add
			Remove
			Change
		 	
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Eric Jacobson		Typed or printed	name of signee	· · · · · · · · · · · · · · · · · · ·	<u> </u>	H 0 1	
	Signature of a r	ilember or authori	zed representative	of a member		<u> </u>	
51					;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	17	
Dated July 24		2017	.•				
The sour day after the	record is filed.						
e record specifies a dela	yed effective o	late, but not	an effective	time, at 12:0	1 a.m. on	the earlie	er c
locument's effective date on the	ne Department of S	tate's records.	as summery mil	ig requirements,	uns date Wil	i noi de listi	ed a
Effective date, if other than f an effective date is listed, the date Note: If the date inserted in the date inserted in the date inserted in the date inserted in the date in	e must be specific and	Leannot be prior to	date of filing or r	nore than 90 days a	ptional) fler filing.) Pu	rsuant to 605	5.02(
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Filing Fee: \$25.00