# 112000017141

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## **COVER LETTER**

TO: ' Registration Section **Division of Corporations** 

OMETATRON 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:

## **EVANGELOS VAMVAKOUSIS**

Name of Person

OMETATRON LLC

Firm/Company

50 BISCAYNE BLVD STE 1406

Address

MIAMI, FL 33132

City/State and Zip Code

BAGELIS33@YAHOO.GR

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

## EVANGELOS VAMVAKOUSIS at (786) 307-0447

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**

### **OMETATRON LLC**

(Name of the Limited Liability Company as it now appears on our records,

(A i	riorida Limited L	Dability Company)	
The Articles of Organization for this Limited Lia Florida document number L12000017141	bility Company 	were filed on 02/06/20	12 and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of	the limited liab	ility company here:	
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ited Liability Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if applica	ble:	50 BISCAYNE BLV	/D APT 1406
(Principal office address MUST BE A STREET		MIAMI, FL 33132	
Enter new mailing address, if applicable:		50 BISCAYNE BLV	/D APT 1406
(Mailing address MAY BE A POST OFFICE BOX)		MIAMI, FL 33132	
B. If amending the registered agent and/or registered agent and/or the new registered offi	EVANGEL		ords, <u>enter the name of the new</u>
New Registered Office Address:	00 01007(1		ida street address
	MIAMI		_, Florida <u>33132</u>
		City	Zip Code
New Registered Agent's Signature, if changing Re	edistared Adent	,	

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 her by 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 or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member Title <u>Name</u> **Address** KARALI, STAVROULA 50 BISCAYNE BLVD STE 701 **MGRM** MIAMI, FL 33132 Remove 50 BISCAYNE BLVD STE 1406 KARALI, STAVROULA MGRM MIAMI, FL 33132 Remove 50 BISCAYNE BLVD STE 701 MGRM VAMVAKOUSIS, EVANGELOS MIAMI, FL 33132 50 BISCAYNE BLVD STE 1406 MGRM VAMVAKOUSIS, EVANGELOS MIAMI, FL 33132 Remove Remove Remove

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AUGUST 26 2013	
Signature of a member or authorized representative of a membe	r
EVANGELOS VAMVAKOUSIS	

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Filing Fee: \$25.00