## L12000029143

(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
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## COVER LETTER,

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SUBJECT:	OMNI Pizon Name of Limit	PERTY GROIP ed Liability Company	<u>, 11C</u>
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	ANTho	Name of Person	
		Firm/Company	
	4657	JW 66th DR.	
	CORAL S	Sprinks F/4.	
	Division of Corporations  Division of Corpor		
For further information c			
Michael V	1. Roman	at ( <u>954)</u> <u>663 – 3</u> Area Code & Daytime Te	1377 Jephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee		Certified Copy	Certificate of Status &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OMNI PROPERTY (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Feb 39, 2012 Florida document number <u>L</u> 12 6000 29143 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the above "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGRM	ANTAWNY ROMAN	4657 NW 66+ DR	Add
	l	4657 NW 66th DR CORAL Spings 71. 3306	7 Remove
			Add
			Remove
			SEC無「AR BIVISION OF CA AA MAR 21
			A 21 PH 2-00 Remove
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. II ai	mending any o	ther information, enter change(s) here: (Attach additional sheets, if necessary.)	
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ted _	1/66.	the state of the s	
		ANTHORY KOMAN  Year or printed name of signce	
		Page 3 of 3	

Filing Fee: \$25.00

DIVISION OF CORPURONION