L13000023543

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Stivers JAN 31 2014

357

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 9, 2014

CARLOS MARQUINA
6980 EIGHTY-FOURTH AVENUE NORTH
PINELLAS PARK, FL 33781

SUBJECT: OMEGA DISTRIBUTIONS, LLC
Ref. Number: L13000023543

We have received your document for OMEGA DISTRIBUTIONS, LLC and your check(s) totaling $25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 114A00000586

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Omega Distributions, 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:

Carlos Marquina
Name of Person

Omega Distributions, LLC
Firm/Company

6980 Eighty-Fourth Avenue North
Address

Pinellas Park, Florida 33781
City/State and Zip Code

mbmcarlos@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carlos Marquina at (727) 564-4551
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

Omega Distributions, LLC

(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 February 9, 2013 and assigned Florida document number L13000023543.

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 abbreviation "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

, **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
MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	Gabriela Marquina	6980 Eighty-Fourth Avenue North	☐ Add
		Pinellas Park, Florida 33781	☑ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

TALLAHASSEE, FLORIDA
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated December 31, 2013.

Signature of a member or authorized representative of a member

Carlos Marquina.

Typed or printed name of signee

Filing Fee: $25.00

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