## <u>L13000125830</u>

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer
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**S. WARREN**JUL 1 2 2017

## **COVER LETTER**

TO: Registration So Division of Co			
CHD IECT.	JUMP IN	IVEST, LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		VANESA PEREZ	
	-	Name of Person	
	MCKAF	KA DEVELOPMENT GROUP, LE	.C
		Firm/Company	
	20900	NE 30th AVENUE, SUITE 603	
		Address	
	ı	AVENTURA, FL 33180	
		City/State and Zip Code	
		EREZ@MCKAFKA.COM	
		to be used for future annual report notif	fication)
For further information of	concerning this matter, please ca	all:	
VANESA PEREZ		305 917-7673 at ()	
Name o	of Person	Area Code Daytime	: Telephone Number
Enclosed is a check for t	he 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

	OMP INVEST, LLC	
(Name of the Limited (7	Liability Company as it now appears on our red A Florida Limited Liability Company)	cords.)
The Articles of Organization for this Limited Lial Florida document number <u>L13000125830</u>		and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, <u>enter the new name of t</u>	he limited liability company here:	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ole:	·
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>OX)</u>	
B. If amending the registered agent and/or registered agent and/or the new registered officers.		ords, <u>enter the name of the n</u> o
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	dress
		. 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 605, 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 limitity company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Edgegallery, LLC	20900 NE 30th AVENUE	
		SUITE 603	■ Remove
		AVENTURA, FL 33180	☐ Change
MGR	Funds Manager Columbus, LLC	20900 NE 30th AVENUE	<b>=</b> Add
		SUITE 603	☐ Remove
		AVENTURA, FL 33180	Change
			Add
			🗅 Remove
			Change
			Remove
			□ Change
			Remove  GAThange
			PAdd Paners

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T 3	rtn :	2017				
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		Page 3 c	of 3		三三二 ~	

Filing Fee: \$25.00