

L14 0000 40842

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

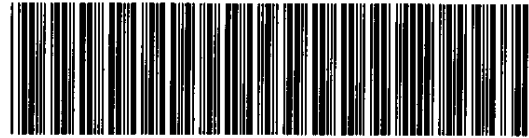
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
JUN 14 2014
FBI - TAMPA
JUN 14 2014
FBI - TAMPA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 16, 2014

SARAH SCHABER
1017 ILLINOIS AVE
PALM HARBOR, FL 34683

SUBJECT: OM SWEET OM LLC
Ref. Number: L14000040842

We have received your document for OM SWEET OM LLC and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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: 914A00012942

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Om Sweet Om LLC
Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Sarah Schaber

Contact Person

Om Sweet Om LLC

Firm/Company

1017 Illinois Avenue

Address

Palm Harbor, FL 34683

City, State and Zip Code

Sstavis@hotmail.com

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

For further information concerning this matter, please call:

Sarah Schaber

Name of Contact Person

at (727) 735-2063

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$52.50 Filing Fee

☒ \$61.25 Filing Fee
and Certificate of
Status

☒ \$105.00 Filing Fee
and Certified Copy

☐ \$113.75 Filing Fee,
Certified Copy, and
Certificate of Status

STREET ADDRESS:

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

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

TO
ARTICLES OF ORGANIZATION
OF

Om Sweet Om 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 March 10, 2017 and assigned Florida document number L14000040842

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)

1017 Illinois Ave
Palm Harbor, FL 34683

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1017 Illinois Ave
Palm Harbor, FL 34683

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:

Sarah Schaber

New Registered Office Address:

1017 Illinois Ave

Enter Florida street address

Palm Harbor

City

Florida

34683

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 liability company has been notified in writing of this change.

Sarah Schaber

If Changing Registered Agent, Signature of New Registered Agent

Authorized Member being added or removed from our records:

MGR = Manager

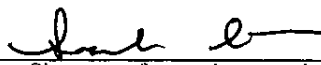
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
	Patricia Setley	741 Bridge Rd	<input type="checkbox"/> Add
		Collegeville, PA 19426	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
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E. Effective date, if other than the date of filing: 6/26/14 (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated June 26, 2014.



Signature of a member or authorized representative of a member

Sarah Schaber

Typed or printed name of signee

14 JUN 30 PM 3:05
TALLAHASSEE, FLORIDA