

L14000047498

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : TAXLEAF.COM INC
Account Number : I20140000084
Phone : (305) 541-3980
Fax Number : (305) 541-7033

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
OMCL, LLC**

Certificate of Status	0
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Page Count	01
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2016 JUL 18 PM 3:14

ALLAHASSEE, FLORIDA

JUL 19 2016
J. HARRIS

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

OMAC, LLC

Name of the Limited Liability Company to which amendments are made.
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/21/2014 and assigned Florida document number L14000047498.

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 not with the words "Limited Liability Company," the abbreviation "LLC" or the words "limited liability."

Enter new principal office address, if applicable:

3111 N UNIVERSITY DR STE 105

Principal office address MUST BE A STREET ADDRESS.

CORAL SPRINGS, FL 33065

Enter new mailing address, if applicable:

3111 N UNIVERSITY DR STE 105

Mailing address MAY BE A POST OFFICE BOX.

CORAL SPRINGS, FL 33065

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:

ACCOUNTANT & MANAGEMENT INC

New Registered Office Address:

1649 NE 123RD ST

Enter Florida zip code.

NORTH MIAMI

Florida 33161

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 prompt performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 685, F.S. Or, if this document is being filed to merely reflect a change in the registered agent address, I hereby affirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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 SECRETARIAT OF STATE
 ALBUQUERQUE, FLORIDA

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

AMCR = Manager
AMBR = Authorized Member

[illegible]

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D. If amending any other information, enter changes here: *(Amend, add, delete, change, if necessary)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, otherwise the date of receipt of this data will control. Be sure to file this after the date this application is filed by the Florida Department of State.)

Dated JULY 12TH

2016

Jorge Arjuner Argello Jimenez

JORGE JR ARGELLO

(Typed or printed name of signer)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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