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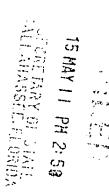
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

Division of Corpo	
OMALTKT subject:	O, LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Articles of Ar	mendment and fee(s) are submitted for filing.
Please return all correspond	lence concerning this matter to the following:
	Paul M. Cummings
	Name of Person
	Weiner & Cummings, P.A.
	Finn/Company
	1428 Brickell Avenue, Suite 400
	. Address
	Miami, Florida 33131
	City/State and Zip Code
	Paul@wcvlaw.com E-mail address: (to be used for future annual report notification)
For further information con-	cerning this matter, please call:
Paul M. Cummings	305 371-7800 x 103
Name of P	
Enclosed is a check for the	following amount:
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status 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

OMALIKIO, LLC		
(Name of the Lim	ited Liability Co (A Florida Limi	impany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited I	Liability Comp	pany were filed on May 16, 2014 and assigned
This amendment is submitted to amend the fol	llowing:	
A. If amending name, enter the new name	of the limited l	liability company here:
LINDEMANN FAMILY, LLC		
The new name must be distinguishable and end with the	e words "Limited	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	N/A
(Principal office address MUST BE A STRE	ET ADDRESS	5)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	E BOX)	N/A
B. If amending the registered agent and registered agent and/or the new registered of	office address	d office address on our records, enter the name of the here:
Name of New Registered Agent:	N/A	
New Registered Office Address:		Enter Florida street address
		Florida Florida
		City Colle
New Registered Agent's Signature if changing	Registered Age	ent:

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.

If Changing Registered Agent, Signature of New Registered Agent

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:

MGR = Manager

AMBR = Authorized Member Type of Action <u>Title</u> <u>Address</u> <u>Name</u> N/A □ Add ☐ Remove _□ Add ☐ Remove ____ Add ☐ Remove □ Add _____ □ Remove ____ □ Remove _□ Add □ Remove

, If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
N/	/A
	
_	
Effective	re date, if other than the date of filing:
the date t	this document is filed by the Florida Department of State)
Dated _	<u>Oynil 22</u> , 2015
	Signature of a member or authorized representative of a member
	George Lindemann, Jr., Manager and Registered Agent
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

