

05/14/2032 02:25

02/005

# L14000100299

Division of Corporations

## Florida Department of State

### Division of Corporations Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H14000158551 3)))



H140001585513ABC

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE  
Account Number : 120000000019  
Phone : (305) 552-5973  
Fax Number : (305) 675-5944

**\*\*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 OMEGA THRIFT SHOP LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

RECEIVED

14 JUL -3 PM 2:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUL -7 2013

A. LUNT



July 3, 2014

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

OMEGA THRIFT SHOP LLC  
720 EAST 6TH PLACE  
TALLAHASSEE, FL 32301

SUBJECT: OMEGA THRIFT SHOP LLC  
REF: E14000100299

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The effective date cannot be prior to the date of filing.

Please return 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 (888) 243-6031.

Tamara Brown  
Regulatory Specialist II

FAX Aud. #: E14000158551  
Letter Number: 714A00014406

RECEIVED

14 JUL -3 PM 2:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05/14/2032 02:25  
JUL-01-2014 10E 04:12 PM

SOUTH FLORIDA MEDICLL

FAX No. 305 262 2829

#7141 P.003/005

P.002

H 140 0015855 1

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

OMEGA THRIFT SHOP 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 06/23/2014 and assigned  
Florida document number L14000100299

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 "LLC"

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

City

Florida

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.

If Changing Registered Agent, Signature of New Registered Agent

H 140 0015855 1

05/14/2032 02:25  
JUL 01 2019 TUE 04:10 PM

SOUTH FLORIDA MEDICALL

FAX No. 305 262 2829

#7141 P.004/005  
P.003

H14000158551

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	THELMA DE JESUS	720 EAST 6TH PLACE	<input checked="" type="checkbox"/> Add
		HIALEAH FL 33010	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

214 JUL -3 PM 10  
FILED

H14000158551

05/14/2032 02:25  
JUL-01-2014 TUE 04:13 PM

SOUTH FLORIDA MEDICOLL

FAX No. 305 262 2329

#7141 P.005/005

P.004

H14000158551

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

---

---

---

---

---

E. Effective date, if other than the date of filing: \_\_\_\_\_ (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 JULY 01 2014

*Camila Gonzalez*

Signature of a member or authorized representative of a member

CAMILA GONZALEZ

Typed or printed name of signee

2014 JUL -3 PM 2:10  
RECEIVED  
ALLAHACSEE, FLORIDA

FILED

Page 3 of 3

Filing Fee: \$25.00

H14000158551