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COVER LETTER

Division of Co			
,	RREAK - U	P KIT ILC	
To: Registration Section Division of Corporations SUBJECT: BREAK - UP CIT LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:			
The enclosed Articles of	f Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	REFAR - UP CIT LUC Name of Limited Liability Company f Amendment and fee(s) are submitted for filing. Omono Light days Name of Person Firm/Company 6268 Seminale Tex Address Margate, Fl., 33063 City/State and Zip Code Omono 1988 @ 9mail.com E-mail address: (to be used for future arrhual report notification) concerning this matter, please call: I ghodaro at (954) 656 - 7795 Area Code Daytime Telephone Number the following amount: \$30.00 Filing Fee & Certificate of Status & Certificate of Status & Certificate Copy (additional copy is enclosed)		
		Name of Person	
	6268 Se	minole Ter	
		Address	
	Margate	1, FL, 33063	
	J	City/State and Zip Code	<u> </u>
	OM ON O	1988 @ 9mail·Co	cation)
For further information			cation)
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- Owovo	1 ghodaro	at (954) 656-	- 7795
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:	•	
\$25.00 Filing Fee		Certified Copy	Certificate of Status &

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

BREAK - UP KIT	
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	lability Company)
The Articles of Organization for this Limited Liability Company we Florida document number	were filed on 07/01/2014 Fand assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
	O Mono's Creations LL
The new name must be distinguishable and contain the words "Limited Liability	
Enter new principal offices address, if applicable:	6268 Seminole Ter Margate, FL, 33063
(Principal office address MUST BE A STREET ADDRESS)	Margate, +L, 33063
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered offi	· ————————————————————————————————————
registered agent and/or the new registered office address here:	2
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, 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 liability 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Change
			Add
			□ Remove
			Change
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n effective date in the date in the date		ecific and cannot be seen out meet the	applicable statuto	ing or more than 90 day	(optional) ys after filing.) Pursuant to 605 ts, this date will not be list	
	ifies a delayed effe y after the record is		ut not an effec	ctive time, at 12	:01 a.m. on the earli	er
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Filing Fee: \$25.00