# L14000117370

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

			_
OMAFEJ LLC			
	<u> </u>		
		<del></del>	
			Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art, of Amend, File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
Signature	_ <del></del>		Fictitious Owner Search
Signature			Vehicle Search
			Driving Record
Requested by: SETH	04/11/22		UCC 1 or 3 File
	$\frac{04/11/22}{Data}$	Time	UCC 11 Search
Name	Date	Time	UCC 11 Retrieval
Walk-In Thom (surise GA 8/00	Will Pick Up	<del></del>	Courier

## **COVER LETTER**

	Registration S Division of Co			
SUBJEC	OMAFEJ			
300360	CT:	Name of Lir	nited Liability Company	<del></del>
The encl	osed Articles o	f Amendment and fee(s) are su	bmitted for filing.	
		condence concerning this matter		
		Louis A. Supraski, P.A.		
			Name of Person	·
		Louis A. Supraski, P.A.		
			Firm/Company	<del></del>
		16666 NE 19th Ave Suite	113	
			Address	
		North Miami Beach, FL 3	3162	
			City/State and Zip Code	<del></del>
		supraski@supraskilaw.com	to be used for future annual report n	Olification
For furthe	er information	concerning this matter, please c	•	omeanon,
	Supraski, P.A.		305 792-0060	
Name of Person		at () Area Code Days	ime Telephone Number	
Enclosed	is a check for t	he following amount:		
æ \$25.0	O Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
; [ F	Mailing Addre Registration Division of C P.O. Box 632 Fallahassee,	Section Corporations 27	Street Address: Registration S Division of C The Centre of 2415 N. Mont Tallahassee, F	orporations Tallahassee roe Street, Salte 810

### ARTICLES OF AMMINIMENT TO ARTICLES OF ORGANIZATION OF

OMAFEJ, 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 07/25/2014 and assigned Florida document number L14000117370 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 contain 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

#### 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.

Cin

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
AMBR	Roca, Ophelia A		□Add
			≡ Remove
		<del></del>	Change
AMBR	Roca, Juan		□Add
			=Remove
			□Change
MGR	Roca. Ophelia A		■Add
			□Remove
			□Change
MGR Roca, I	Roca, Juan	5ame	■ Add
			□Remove
<del></del>			□Add
			□Remove
			□Change
			□Add
			Remove
			□ Change

ivote.	tive date, if other than the date of filing:
e reco rd is f	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the iled.
Dated	April 8 , 2022
	1 / 1 / 1   1
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00