L17000191991

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From:
Account Name : GILMAN CIOCIA INC.
Account Number : I20120000051
Phone : (305)937-7773
Fax Number : (815)301-2897

2017 OCT 13 AM 9:37

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

Email Address: NADYA.usovich@gtax.com

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
OMEGA JAX LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
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OCT 13 2017 HARRIS

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

OMEGA JAX 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 12/16/2014 and assigned Florida document number L14000191491.

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 "L.L.C."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

18800 NE 29 AVE
SUITE 823
AVENTURA, FL 33180

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

18800 NE 29 AVE
SUITE 823
AVENTURA, FL 33180

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: ADIR SCHNEIDER

New Registered Office Address: 18800 NE 29 AVE, SUITE 823
Enter Florida street address

AVENTURA, **Florida** 33180
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.

Adir Schneider

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

Title	Name	Address	Type of Action
AM	JBL INVESTMENTS LLC	20191 E COUNTRY CLUB DR.	☐ Add
		TS 2	■ Remove
		AVENTURA, FL 33180	☐ Change
AMBR	TESHBY INVESTMENTS LLC	20191 E COUNTRY CLUB DR.	☐ Add
		TS 2	■ Remove
		AVENTURA, FL 33180	☐ Change
MGR	ADIR SCHNEIDER	18800 NE 29 AVE	■ Add
		SUITE 823	☐ Remove
		AVENTURA, FL 33180	☐ Change
AMBR	JACKY SCHNEIDER	18800 NE 29 AVE	■ Add
		SUITE 823	☐ Remove
		AVENTURA, FL 33180	☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated 10/12, 2017.

Adir Schneider
Signature of a member or authorized representative of a member

ADIR SCHNEIDER
Typed or printed name of signee

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