45000097574

(Requestor's Name)	
(Address)	_
(Address)	_
(City/State/Zip/Phone #)	—
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	
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COVER LETTER

Division of Cor	porations				
	ROUP USA LLC		,		
SUBJECT:	Name of Limit	ed Liability Company			
The enclosed Articles of	Amendment and fee(s) are subn	titted for filing.			
Please return all correspo	ondence concerning this matter t	o the following:			
	AUGUSTO NOVAES				
		Name of Person			
		Firm/Company			
	5903 NW 69TH WAY	, ,			
		Address			
	PARKLAND, FL 33067				
	augustonovaes@gmail.com	City/State and Zip Code			
		be used for future annual report n	otification)		
For further information c	oncerning this matter, please ca	II:			
AUGUSTO NOVAES		954 682-5077			
Name o	f Person	at () Area Code Dayı	ime Telephone Number		
Enclosed is a check for the	he following amount:				
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
<u>Mailing Addres</u> Registration	Section	Street Address: Registration 9	Section		
Division of C	Corporations	Division of Corporations			

P.O. Box 6327

TO:

Registration Section

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CYBER GROUP USA LLC	ubility Company a	s it now and	ears on our records	. 1	
(Name of the Limited L (A F	orida Limited Liabi	lity Company	()	<u></u> ,	
of Organization for this Limited Liabilinent number <u>L15000097574</u>	ty Company wer	re filed on .	06/03/2015		_ and assigned
nent is submitted to amend the followin					
ing name, enter the new name of the	limited liability	company	here:		
must be distinguishable and contain the words	Limited Liability C	Company." th	e designation "LLC	or the abbro	eviation "L.L.C."
rincipal offices address, if applicable	. <u>N</u>	VA			
fice address MUST BE A STREET A	DDRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		\$/A			
ing the registered agent and/or registered office address he the new registered office address he ne of New Registered Agent:		ress on oui	r records, <u>enter</u>	the name o	of the new regi
v Registered Office Address:					(C)
		Enter F	Horida street addres:		(D)
_		City	, Fle	orida <u>∵</u> ⇔	Zip Çode 🔾
ed Agent's Signature, if changing Regis	tered Agent:			Z:	 ω
_	tered Agent:			orida OF STATE	(:)

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 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>	Name	Address	Type of Action
MGR	OMNI HOLDINGS CORP	5903 NW 69TH WAY	∃ Add
		PARKLAND, FL 33067	□Remove
MGR	AUGUSTO NOVAES	5903 NW 69TH WAY	□Add
		PARKLAND, FL 33067	■Remove
			□Add
		□Remove	
			GChange
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

	AND WILL ADD ON HIS PLACE THE FOLLOWING ENTITY:
	OMNI HOLDINGS CORP.◆
	09/23/2022
(If an e <u>Note</u>	(optional) Tective date, if other than the date of filing:
f the reco	rd specifies a delayed effective date, but not an effective time, at 12:04 a.m. on the earlier of: (b) The 90th day after the fled.
· · ·	SOTGMETA. 23 40/ 2022.
Date	

Filing Fee: \$25.00