

L1500162319

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 : TAXPROS OF CLERMONT LLC
Account Number : I20210000146
Phone : (352)660-1026
Fax Number : (800)466-5730

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

Email Address: admin@taxpros of clermont. com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DSOSA LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

APPROVED
AND
FILED

2022 APR 12 PM 4: 05

2022 APR 12

APR 11: 51

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DSOSA 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:

David Nameniuk

Name of Person

Tax Pros of Clermont LLC

Firm/Company

4279 South Hwy 27 Suite E

Address

Clermont, FL 34711

City/State and Zip Code

admin@taxprosofclermont.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephanie Monroy

352 660-1026
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DSOSA 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 09/23/2015 and assigned
Florida document number L15000162319

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

OM GROWTH LLC

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)

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:

TAX PROS OF CLERMONT LLC

New Registered Office Address:

4279 SOUTH HWY 27, SUITE E

Enter Florida street address

CLERMONT

City

, Florida

34711

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.

David Nameriuk

If Changing Registered Agent, Signature of New Registered Agent

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CLERMONT, FL

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

[illegible]

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

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 APRIL 11, 2022

Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

DAVID NAMENIUK

Typed or printed name of signee