

L15000172649

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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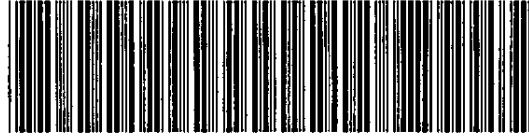
(Business Entity Name)

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TALLAHASSEE, FLORIDA

JAN 28 2016

S MASON



MILES & PARRISH

ATTORNEYS AT LAW

PERSONAL INJURY
WORKERS' COMPENSATION
EMPLOYMENT LAW
SOCIAL SECURITY DISABILITY

LAURIE THROWER MILES*
TODD N. PARRISH*

*FLORIDA BAR
BOARD CERTIFIED
WORKERS' COMPENSATION

www.milesandparrish.com

Reply to:
Main Office

4305 HIGHLAND PARK BLVD.
LAKE LAND, FL 33813

863.226.6828
Fax 863.644.4800

January 21, 2016

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

Re: OMR Investments, LLC

To Whom it May Concern,

Enclosed please find an Amendment to the Articles of Organization for OMR Investments, LLC. I appreciate your attention to this matter.

Sincerely yours,
MILES & PARRISH, P.A.

Todd Parrish

Enclosure

SATELLITE OFFICES:

KISSIMMEE
1101 MIRANDA LANE
SUITE 131
KISSIMMEE, FL 34741

ST. PETERSBURG / CLEARWATER
4500 140TH AVENUE NORTH
SUITE 101
CLEARWATER, FL 33762

TAMPA
1 NORTH DALE MABRY HWY.
SUITE 1010
TAMPA, FL 33609

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: OMR INVESTMENTS, 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:

ROBERT J. GEORGES

Name of Person

Firm/Company

546 LAKE HOLLINGSWORTH DRIVE

Address

LAKELAND, FL 33803

City/State and Zip Code

greekboy51@aol.com

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

For further information concerning this matter, please call:

TODD PARRISH, ESQ.

863 226-6828
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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

OMR INVESTMENTS, 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 OCTOBER 9, 2015 and assigned
Florida document number L15000172649.

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)

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

City

Florida

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

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FLORIDA

MGR = Manager
AMBR = Authorized Member

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[illegible]

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.

Dated January 21 2016

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA