

L16000012519

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DIVISION OF CORPORATIONS
19 JUN 28 PM 4:57

LLC AMEND.

JUL 12 2019

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OMEGA COATINGS & CONSTRUCTION, 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:

JOHN SAVIDAKIS

Name of Person

OMEGA COATINGS & CONSTRUCTION, LLC

Firm/Company

118 EAST TARPON AVE., SUITE 204

Address

TARPON SPRINGS, FL 34689

City/State and Zip Code

j.savidakis@omegacoatingsandconstruction.com

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

For further information concerning this matter, please call:

Spiro T. Komninos, Esq

813

326 7610

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**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 JUN 28 PM 4:57

OMEGA COATINGS & CONSTRUCTION, 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 01/19/2016 and assigned
Florida document number L16000012519

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)

118 E. TARPON AVE.
Suite 204
TARPON Springs, FL 34689

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

118 E. TARPON AVE.
Suite 204
TARPON Springs, FL 34689

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:

John SAVIDAKIS

New Registered Office Address:

118 E. TARPON AVE. Suite 204
Enter Florida street address
TARPON Springs, Florida 34689
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.

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Agesilaos Frangos	402 PIN OAK PLACE	<input type="checkbox"/> Add
		CAMPBELL, OH 44405	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	John Savidakis	341 WOOD DOVE AVE.	<input checked="" type="checkbox"/> Add
		TARPON SPRINGS, FL 34689	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	Agesilaos Frangos	402 PIN OAK PLACE	<input checked="" type="checkbox"/> Add
		CAMPBELL, OH 44405	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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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.

Dated June 18, 2019

Agesilaos Frangos

Filing Fee: \$25.00