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	(Requestor's Name)
,	(Address)
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Y. SCOTT AUG 19 2023

COVER LETTER

TO:

TO: Registration Se Division of Cor			
	DINGS LLC		
SUBJECT:	Name of Lin		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	WILLIAM W RICHARD	SON II	
		Name of Person	
	OMT HOLDINGS LLC		(2 5)
		Firm/Company	
	2340 STALLION RD		
	2340 STALLION RD		27
		Address	7 PH
	CANTONMENT FL 3253	33	Ts a
		City/State and Zip Code	PILED 2023 JUL 27 PH 3: 03 3ECRETARY OF STATE ALLAHASSEE. FL
	richrichardson2340@gmail	.com (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	•	
WILLIAM RICHARDSON		850 4170577 at ()	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne 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 S		Street Address: Registration Se	ction
Division of C		Division of Cor	
P.O. Box 632		The Centre of T	
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OMT HOLDINGS LLC

(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v	were filed on 02/14/2017 and assigned
Florida document number L17000036051	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
	20
The new name must be distinguishable and contain the words "Limited Liabilit	ry 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)	1 R 27
	SSE P
	E ST 3:
Enter new mailing address, if applicable:	O3
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as pubeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is

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>	Name	<u>Address</u>	Type of Action
MGR	WILLIAM W RICHARDSON II	2340 STALLION RD	
		CANTONMENT FL 32533	≣Remove
			□Change
			
			□Remove
			☐Change
			2023 JUL 27 SECRETARY
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	7/25/2023				
ve date, if other than the date of filing: ective date is listed, the date must be specific and canr	not be prior to date	of filing or more than 90	(opti days after	o nal) filing.)	Pursuant to 60
If the date inserted in this block does not meet ent's effective date on the Department of State	the applicable sta	tutory filing requiren	ients, thi	s date v	vill not be lis
on seneral date on the Department of State	3 1000143.				
d specifies a delayed effective date, but not an e	ffective time, at	12:01 a.m. on the earl	ier of: (b) The	90th day afte
ed.	,		,		•
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JULY 25TH , 26)23 ·				
× 1/1/20					

Filing Fee: \$25.00

Typed or printed name of signee