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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: OMNI MARKET 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:
PATEL VIJAY B Name of Person
OMNI MARKET LLC Firm/Company
7802-12 BAYMEADOWS RD #205
Jacksmille Floridy 32256 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Vijaz Patel at (904) 699-6523 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S30.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, 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

OMNI M. (Name of the Limited	ARKET d Liability Compa A Florida Limited	LLC iny as it now appears of Liability Company)	n our <u>records.</u>)		
The Articles of Organization for this Limited Lia Florida document number	bility Company 09188	were filed on	10/2018	and assigne	:d
This amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of	the limited liab	ility company here	:		
The new name must be distinguishable and contain the wo	rds "Limited Liabi	Bity Company," the design	gnation "LLC" or the ab	obreviation "L.L.C"	
Enter new principal offices address, if applica	ble:				
(Principal office address MUST BE A STREET ADDRESS)			3817 338		
		···		AUG 2	<u> </u> 풀ᇊ
				27	
Enter new mailing address, if applicable:				P	<u> </u>
(Mailing address MAY BE A POST OFFICE B	(OX)			ယ့	77.01 44.44 44.44
		,			<u> </u>
B. If amending the registered agent and/o registered agent and/or the new registered office Name of New Registered Agent: New Registered Office Address:	VI 9802-	e: TAY PA7 12 Bayme Enter Florida	EL adows Rd =	# 205	
	Jack	ronville. City	, Florida 🏒	3 2 2 5 6 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 **Type of Action** Title <u>Address</u> Name 1 PATEL, SADHANABEN 9802-12 Bymendows RI - Add #205 Jackson ville FL 32256 Remove ___ Change _□ Add ☐ Remove _____ □ Change __ □ Add □ Remove _□ Change □ Remove _□ Change

 		
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If amending any other information, enter change(s) here: (Attach additional sheets	, tj necessary.)	
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		77.
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 d. Note: If the date inserted in this block does not meet the applicable statutory filing requireme document's effective date on the Department of State's records.	ays after filing.) Pursuant to 605.0 onts, this date will not be listed	0207 d as
he record specifies a delayed effective date, but not an effective time, at 15 The 90th day after the record is filed.		r of
Dated Aug 23 ^N 2018 (2019). Signature of a number of a uthorized representative of a member		
Mubel		
Signature of a modifier or authorized representative of a member		
Vijay Patel Typed or printed name of signer		

Page 3 of 3

Filing Fee: \$25.00