## 118000144689

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## **COVER LETTER**

Name of Lim  Amendment and fee(s) are sub	ited Liability Company	<del> </del>
Amendment and fee(s) are sub		
Amendment and fee(s) are sub		
	mitted for filing.	
ondence concerning this matter	to the following:	
Vipul G Patel		
	Name of Person	
OMSK, LLC		
	Firm/Company	
2905 Thomas Drive		
	Address	
Panama City Beach	n, FL 32408	
	City/State and Zip Code	
		ication)
	850 708-1186	
of Person	Area Code Daytimo	: Telephone Number
he following amount:		
☐ \$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 enclose
	OMSK, LLC  2905 Thomas Drive  Panama City Beach  patelgvipul@gmail.co  E-mail address: (concerning this matter, please concerning this matter)  of Person  he following amount:	OMSK, LLC  Firm/Company  2905 Thomas Drive  Address  Panama City Beach, FL 32408  City/State and Zip Code patelgvipul@gmail.com  E-mail address: (to be used for future annual report notifiction cerning this matter, please call:    850

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

OMSK, LLC			
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appe atted Liability Company	ars on our records.)	
The Articles of Organization for this Limited Liability Comp	pany were filed on _	06/12/2018	and assigned
Florida document number L18000144689			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company	<u>here</u> :	
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 ADDRES.	<u></u>		
			3550 SEC <b>18</b>
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			SS 2
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			1577 2 0 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	ed office address on the second secon	on our records, <u>e</u>	nte the name of the no
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Fl	orida street address	
		, Florid	
	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>	Name	Address	Type of Action
MBR	Divya Patel	2905 Thomas Drive	<b>∃</b> Add
		Panama City Bch, FL 32408	☐ Remove
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E. Effective date, if other than the da (If an effective date is listed, the date must b <u>Note:</u> If the date inserted in this block document's effective date on the Depart	e specific and cannot be prior to k does not meet the applicab	date of filing or more than 90 day	(optional) se after filing.) Pursuant to 605.0207 (3 ts, this date will not be listed as th
(f the record specifies a delayed e (b) The 90th day after the recor	effective date, but not a	an effective time, at 12	:01 a.m. on the earlier of:
Dated 7/17/17			
Si	gnature of a member or authori	zed representative of a member	·
Vipul G Patel			
	Typed or printed	name of signee	<del></del>

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Filing Fee: \$25.00