

LIB 000153389

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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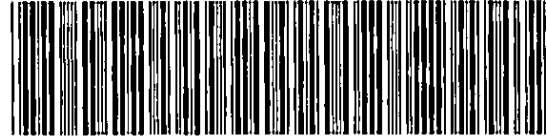
(Business Entity Name)

(Document Number)

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18 OCT 18 PM 4:44
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Omega Title, LLC.

October 15, 2018

Department of State
Articles of Amendment
PO Box 6327
Tallahassee, Florida 32314

RE: 92 Hendricks Isle, LLC

Enclosed please find Articles of Amendment to Articles of Incorporation for 92 Hendricks Isle, LLC,
along with a check for \$25.00.

Please file accordingly. Thank you.

Omega Title, LLC

Kelly Sorrentino

/ks

1806 N. Flamingo Road, #240
Pembroke Pines, FL 33028

Phone: (954) 449-7120 Fax: (954) 449-7121 email: kelly@omegatitlegroup.com

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

92 Hendricks Isle, 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 6/22/18 and assigned Florida document number L18000153389.

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

_____, Florida _____
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>
AMBR	Michaeli Iftach	11924 NW 11 Ct.	<input checked="" type="checkbox"/> Add
		Coral Springs, FL 33071	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Micheli Iftach	11924 NW 11 Ct.	<input type="checkbox"/> Add
		Coral Springs, FL 33071	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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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 9/21/18,
[Signature]
 Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Typed or printed name of signee