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SECRETARY OF STATE STATE OF STATE NYISION OF CURPORATIONS

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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	rporations		
	2		
SUBJECT:	Name of Lim	ited Liability Company	
The analogod Articles of	'A mandment and feeter are sub	mitted for filing	
Please return all correspo	ondence concerning this matter	to the following:	
	KARINA MADRIGAL		
		Name of Person	
	OMNI LLC		
Name of Person OMNI LLC Firm/Company 100 TANGLEWOOD COURT Address FORT WALTON BEACH, FL 32547 City/State and Zip Code OMNIFL@ICLOUD.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: KARINA MADRIGAL Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: Zy \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy Certified Copy			
	100 TANGLEWOOD CC		
	FORT WALTON BEACH		
	OMNIFL@ICLOUD.COM		
	_		tiffication)
For further information c	concerning this matter, please ca	all:	
KARINA MADRIGAL		850 543-3708	
		at ()	me Telephone Number
		•	'
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Car 525.00 Filing Fee		Certified Copy	Certificate of Status &
Divisio	on of Corporations	Division of Corpo	

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OMNITEC				
(Name of the Limi	ited Liability Company as it now appears of (A Florida Limited Liability Company)	n our records.)		
The Articles of Organization for this Limited L Florida document number L18000196878	iability Company were filed on 08/16	/2018	_ and assi	igned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, <u>enter the new name c</u>	of the limited liability company here:	:		
The new name must be distinguishable and contain the	words "Limited Liability Company," the desig	mation "LLC" or the abbre	viation "L.t	
Enter new principal offices address, if appli	cable:			
(Principal office address MUST BE A STRE)	ET ADDRESS)		8)38 038
Enter new mailing address, if applicable:			UG 31	
(Mailing address MAY BE A POST OFFICE	* BOX)		PH	- 경역(+
			2: 04	70 N 70 N 70 N
B. If amending the registered agent and registered agent and/or the new registered of	• *	ur records, enter th	e name (of the nev
Name of New Registered Agent:	ANDREA ALEJANDRA DIAZ-COI	NCHA		
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.

Ancheco Diab-Conched
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>	Address	Type of Action
OWNER	KARINA M. MADRIGAL	100 TANGLEWOOD COURT	= Add
		FORT WALTON BEACH, FL 32547	□ Remove
AMBR	Andrea Diaz-Concha	4859 hensington Lane	🗹 Add
	Crestview, FL 32539	□ Remove	
			□ Change
			Add
			□ Remove
			Change
		□ Remove	
			□ Change
			Add
		Remove	
			Change
			Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional shee.	ts, if necessary.)	
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E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90	(optional)	
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 Note: If the date inserted in this block does not meet the applicable statutory filing required document's effective date on the Department of State's records.	(days after filing.) Pursuant to 605 nents, this date will not be list	5,0207 (3) ed as the
f the record specifies a delayed effective date, but not an effective time, at b) The 90th day after the record is filed.	12:01 a.m. on the earli	er of:
Dated		
Dated		
Agnature of a member or authorized representative of a members.	oer	
KARINA MADRIGAL		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00