

L18000196878

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 AUG 31 PM 2:04

N COOPER

SEP 06 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OMNI 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:

KARINA MADRIGAL

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

850

543-3708

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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

OMNI LLC

Page 1 of 3

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> |
|--------------|--------------------|-----------------------------|---|
| OWNER | KARINA M. MADRIGAL | 100 TANGLEWOOD COURT | <input checked="" type="checkbox"/> Add |
| | | FORT WALTON BEACH, FL 32547 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | Andrea Diaz-Lanza | 4859 Kensington Lane | <input checked="" type="checkbox"/> Add |
| | | Crestview, FL 32539 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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DIVISION OF CORRECTIONS
18 AUG 31 PM 2:04

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

~~Signature of a member or authorized representative of a member~~

KARINA MADRIGAL

Typed or printed name of signee