## 48000 196878

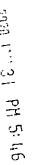
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800339878788

01/31/20~~01014~~011 \*\*25.00



○ GOLDEN FEB 2 6 2020

## **COVER LETTER**

TO:

**Registration Section** 

Div	ision of Cor	porations			
	OMNI LLC  Name of Limited Liability Company				
SUBJECT:					
709					
The enclosed	1 Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return	all correspo	indence concerning this matter	to the following:		
		KARINA MADRIGAL			
			Name of Person	***	
		OMNULEC			
			Firm/Company		
		421 JOELLEN LN			
			Address		
		FORT WALTON BEACH	, FL 32547		
		KMADRIGAL@ME.COM	City/State and Zip Code		
		E-mail address: (	to be used for future annual report no	tification)	
For further in	nformation c	oncerning this matter, please c	all:		
KARINA M	ADRIGAL		850 543-3708		
	Name o	f Person	at ()Area Code Daytin	me Telephone Number	
Enclosed is a	check for th	ne following amount:			
<b>■ \$</b> 25,00 F	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:		Street Address:	ection		
Registration Section Division of Corporations			Registration Section Division of Corporations		
P.C	D. Box 632	7	The Centre of	Tallahassee	
Tal	lahassee, l	FL 32314	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



OMNITLE (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 08/16/2018 The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number \_\_\_\_\_\_1,18000196878 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 "LLC." 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 \_\_\_

## 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.

City

. 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>	Type of Action
AMBR	ANDREA DIAZ-CONCHA	4859 KENSINGTON LN.	□Add
		CRESTVIEW, FL 32539	_
			Change
			□Renюve
			Change
		<del> </del>	□Add
		<del>-</del>	□Remove
		<del> </del>	□Change
			□Add
			□Remove
			Change
			□Remove
			☐ Change
		<del></del>	□Remove
			Change

		· · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·	
		<u>.                                    </u>
tive date, if other than the flective date is listed, the date must If the date inserted in this bloment's effective date on the De	be specific and cannot be prior to date of filing or ck does not meet the applicable statutory fili	(optional) more than 90 days after filing.) Pursuant to 605.02 ing requirements, this date will not be listed
ord specifies a delayed effective filed.	date, but not an effective time, at 12:01 a.m.	. on the earlier of: (b) The 90th day after the
JANUARY 28 I	2020	
-	Signature of a mamber of authorized representative	
	CONTRACTOR AS A PROPERTY OF THE PARTY OF THE	to of a management

THE TO MAKE A