1/31/23, 8:28 AM Division of Corporations

L18000208122

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H23000039793 3)))

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : BURNS LAW OFFICES, P.A.
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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2023 JAN 31 PM 3:12

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
OMNI OTHERS LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	$25.00

2023 JAN 31 PM 3:12

Electronic Filing Menu Corporate Filing Menu Help

FEB 01 2023

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((L23000039793 3)))

OMNI OTHERS 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 08/30/2018 and assigned Florida document number L18000208122.

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)

2023 JAN 31 PM 3:12

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: JESUS SARDINAS

New Registered Office Address: 6419 BRECKENRIDGE CIRCLE
Enter Florida street address

LAKE WORTH, Florida 33467
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.

DocuSigned by:
JESUS SARDINAS
If Changing Registered Agent, Signature of New Registered Agent

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	TATIANA C. DE ANDRADE XAVIER	8177 GLADES RD STE 220	☐ Add
		BOCA RATON, FL 33434	■ Remove
			☐ Change
MGR	WORK OF RESTORATION LLC	6419 BRECKENRIDGE CIRCLE	■ Add
		LAKE WORTH, FL 33467	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)* (((H23000039793 3)))

E. Effective date, if other than the date of filing: _____ **(optional)**

(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)

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.

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 JANUARY 27 , 2023

DocuSigned by:
Tatiana Coelho de Andrade Xavier
Signature of a member or authorized representative of a member

TATIANA C DE ANDRADE XAVIER
Typed or printed name of signee

Filing Fee: $25.00

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