118000226308

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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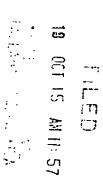
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RECENT OCT 15 LL



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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJI		nerstone LLC		
SUBJI	EC1:	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	_	
Please	return all correspo	ndence concerning this matter	to the following:	
		Phillip Garcia		
			Name of Person	
		Omega Cornerstone LLC		
			Firm/Company	
		132 SW 11th ave		
		·	Address	
		Boynton Beach, FL 33435		
		philgarcia17@gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notifi	cation)
For fur	ther information co	oncerning this matter, please ca	all;	
Phil G	arcia		561 685-9022 at ()	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for th	e following amount:		
■ \$2	5.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Omega Cornerstone LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company w	ere filed on 09/24/2018	and assigned
lorida document number L18000226308		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liabili	ty company here:	
he new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		نۍ
	*, - .	0.7
Inter new mailing address, if applicable:		5 5
Mailing address MAY BE A POST OFFICE BOX)		
		: 5
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	ce address on our records, enter the	name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City 7	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>	Address	Type of Action
MGR	Phillip Garcia	132 SW 11th Ave Boynton Beach, FL 33435	
			☐ Remove
			☐ Change
			☐ Add
			Remove
			☐ Change
			Add
			Remove
			□ Add
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			☐ Change

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ctive date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing of the date inserted in this block does not meet the applicable statutory filment's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effectivne 90th day after the record is filed.	e time, at 12:01 a.m. on the earlier
ed	

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Filing Fee: \$25.00