Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H180003287113)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone

: (307)200-2803

Fax Number

: (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

E11	Address:			
cmall	Muuress:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN OMARI PRODUCTIONS LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OMAR	II PRODUCTIONS LLC	
(Name of the Limited Liability (A Florida	y Company as it now appears on our re Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Co	ompany were filed on 11/09/2018	and assigned
Florida document number L18000262854	. ,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation '	'LLC" or the abbreviation "I.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS)	
		<u> </u>
		AON S
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		28. 2
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		F
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr	ered office address on our rec ress here:	ords, enter the name 41 the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	ddress
		. Florida
	City	Zsp 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Russell Taylor	7860 W Commercial Blvd #747	■ Add
		Lauderhill, Fl. 33351	
			□ Remove
			☐ Change
			Add
			Remove
			Change
			OAdd
			□ Add ⊗ □ Ignove
			Change Change
			TO Add
			Di.Ado
			☐ Change
			🗆 Add
			Remove
			☐ Change
			□ Add
			Remove
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Effective date, if other than the date of fifting effective date is listed, the date must be specific Note: If the date inserted in this block does not document's effective date on the Department.	iot meet the applica	able statutory filini	(option ore than 90 days after fig requirements, this o	ial) ling.) Pursuant to 605.0207 date will not be listed as
ne record specifies a delayed effectiv The 90th day after the record is file		t an effective t	ime, at 12:01 a.i	m. on the earlier of
November 9	2018			
~	<u> </u>	_·		
Signature o	of a member or autho	rized representative	of a member	

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Filing Fee: \$25.00