L1900000 2153

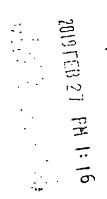
(Red	questor's Name)		
(Add	dress)		
(Add	dress)	<u>_</u>	
(City	//State/Zip/Phone	<i>⇒ #</i>)	
PICK-UP	☐ WAIT	MAIL	
(Rus	siness Entity Nar	ne)	
(500)	onicos Enaty Har	110,	
(5			
(LOC	cument Number)		
Certified Copies	Certificates	s of Status	
Special Instructions to Filing Officer:			

Office Use Only



900324531869

02/11/19--01025--011 **90.00



Anund ('11

FEB 2.7 2019 I ALBRITTON

COVER LETTER

Div	ision of Corp	orations		
eubleat.	OBMS, LLC			
SUBJECT:		Name of Limi	ited Liability Company	
The enclosed	I Articles of A	amendment and fee(s) are sub-	mitted for filing.	
Please returr	ali correspon	dence concerning this matter	to the following:	
		Yandira Hernandez-Fernan	dez	
			Name of Person	
		OBMS, LLC		
			Firm/Company	
2638 W 69th Ter.				
			Address	
		Hialeah, Fl. 33016		
		yandira11583@yahoo.es	City/State and Zip Code	
		E-mail address: (to be used for future annual report not	(fication)
For further i	nformation co	ncerning this matter, please ca	all:	
Yandira Hernandez Fernandez		305 263-0789		
	Name of	Person	Area Code Daytin	ne Telephone Number
Enclosed is	a check for the	e following amount:		
□ \$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: Registration Section Division of Corporations P.O. Box 6327

TO:

Registration Section

Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



February 16, 2019

YANDIRA HERNANDEZ-FERNANDEZ OBMS, LLC 2638 W 69TH TER -HIALEAH, FL 33016

SUBJECT: OBMS LLC

Ref. Number: L19000008153

We have received your document for OBMS LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to check what action to take regarding the authorized person(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 019A00003392

RECEIVED

ARTICLES OF AMENDMENT TOARTICLES OF ORGANIZATION OF

OBMS, 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 01/07/2019	and assig	
Florida document number 1.19000008153	were med on		
Florida document number			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LL	C" or the abbreviation "L.L.C	
Enter new principal offices address, if applicable:	2300 W 84TH ST SUITE #205 Hialeah, Fl. 33016		
(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 o registered agent and/or the new registered office address her		ls, <u>enter the name of</u>	
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:			
	Enter Florida street addre	258	
		lorida	
	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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with a accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docume 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 bei or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of A
MGR	Beatriz Fernandez Perez	2638 W 69th Ter Hialeah, Fl 33016	Add
			Change
AMBR	Yandira Hernandez-Fernandez	2638 W 69th Ter Hialeah, Fl 33016	DP Add
			Remov
			☐ Change
			Add
			Remove
			Change
			□ Remove
			Change
			□ Remove
			Change
			□ Remove
			☐ Change

		· · ·		
•			<u></u>	
•		,		
,				
•			 	
,				
	<u> </u>			
•				
		•	•	
	•••		- · -	
				
		_		
		01/02/2019		
E. Effect	tive date, if other than the date of filin fective date is listed, the date must be specific an	ng:	(optional)
Note:	If the date inserted in this block does not	meet the applicable statutory	gor more than 90 days filing requirement	safter filing.) Pursuant to 605.0. s, this date will not be listed
docun	nent's effective date on the Department of	State's records.		
	cord specifies a delayed effective e 90th day after the record is filed		ve time, at 12:	01 a.m. on the earlier
(6)	a your day area, the reesta is fined	••		
Dated	February 6	2019		
·>acc		1100	_	
		young		
	Signature of a	a member or authorized represen	tative of a member	
	Yandira Hernandez-Fernandez			
		Typed or printed name of sign	nee	

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

Page 3 of 3

Filing Fee: \$25.00