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D. BRUCE FEB 14 2019

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	Name of Limited Liability Company	
The end	closed Articles of Amendment and fee(s) are submitted for filing.	
Please r	return all correspondence concerning this matter to the following:	
	Michael Omega Name of Person	
	Omega investing LLC Firm/Company	
	7860 W Commercial Blud #728	
	Lauderhil FLorida 33351 City/State and Zip Code	
	Druege investments 2018 (con mail. Com Email address: (to be used for future annual report notification)	
For furt	ther information concerning this matter, please call:	4
_M	ther information concerning this matter, please call: Lichard Owegon at (954) 303 - 5066 Area Code Daytime Telephone Number	
Enclose	ed is a check for the following amount:	
EF \$25	5.00 Filing Fee	

MAILING ADDRESS:

TO:

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

Oniga Invi	ity Company as it now appears on our records.) a Limited Liability Company)			
The Articles of Organization for this Limited Liability C	1	an	ıd assig	;ned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	nited liability company here:			
The new name must be distinguishable and contain the words "Lin Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADD)	· · · · · · · · · · · · · · · · · · ·	r the abbreviation	on "L.L.	C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered agent and/or the new registered office add		enter the n	<u> </u>	f the new
Name of New Registered Agent:		(7) (7) (7) (7) (7) (7) (7) (7) (7) (7)	<u>කි</u> ව	<u> </u>
New Registered Office Address:	Enter Florida street address		1 1:29	
	, Flori	ida	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
AMBR	Michael Omega	7860 W Commercial BI	Vol to Add
		#728	Remove
		Lauderh.11, FL 33351	Change
			🗅 Add
			□ Remove
			Change
			Add
			Remove
			□ Atid □ Romove
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			Remove
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Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 day Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records. The erecord specifies a delayed effective date, but not an effective time, at 12 The 90th day after the record is filed.		29.19 EB
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	01 a.m. on th	he earlier o
Signature of a member or authorized representative of a member		
Signature of a member or authorized representative of a member		
Michael Owega Typed or printed name of signee	 _	

Page 3 of 3

Filing Fee: \$25.00