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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

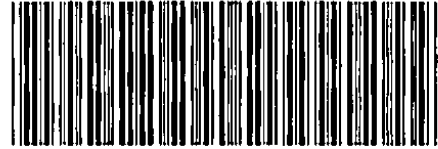
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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OCT 26 2019  
S. YOUNG

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FEB 11 2020  
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# COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: OMNI INTERNATIONAL AGENCY, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JESSICCA YEVARA

Name of Person

OMNI INTERNATIONAL AGENCY, LLC

Firm/Company

3560 ALTIS CIR W UNIT 7-101

Address

HIALEAH, FL 33018

City/State and Zip Code

jessiccayevara@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JESSICCA YEVARA

786

4616579

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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

TO  
**ARTICLES OF ORGANIZATION**  
OF

OMNI INTERNATIONAL AGENCY, 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 01/08/2019

Florida document number L19000010526

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 abbrevi

**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)**

3560 ALTIS CIR W, UNIT 7-101, HIALEAH

**B. If amending the registered agent and/or registered office address on our records, enter the n**  
**registered agent and/or the new registered office address here:**

Name of New Registered Agent:

JESSICCA YEVARA

New Registered Office Address:

3560 ALTIS CIR W, UNIT 7-101

*Enter Florida street address*

HIALEAH

*City*

Florida 33018

*Zip C*

**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 c  
provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar  
accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this a  
being filed to merely reflect a change in the registered office address, I hereby confirm that the limited lia  
company has been notified in writing of this change.*

If Changing Registered Agent, Signature of New Registered

or removed from our records:

**MGR = Manager**

**AMBR = Authorized Member**

[illegible]

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated September 25, 2019

Signature of a member or authorized agent

JESSICA YEVARA

Typed or printed name of signee