

L19 000070757

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021-02-22 11:18

February 22, 2021

CHRISTIAN GABRIEL
550 BLUE CYPRESS DR
GROVELAND, FL 34736

SUBJECT: WATERSIDE BREAKFAST COMPANY LLC
Ref. Number: L19000070757

We have received your document for WATERSIDE BREAKFAST COMPANY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L13000003409.

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.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 921A00003919

Registration Section
Division of Corporations

T: Waterside Breakfast Company LLC
Name of Limited Liability Company

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

Return all correspondence concerning this matter to the following:

Christian Gabriel
Name of Person

Firm/Company

550 Blue Cypress Drive
Address

Groveland, FL 34736
City/State and Zip Code

Ginabella84@yahoo.com
E-mail address: (to be used for future annual report notification)

For information concerning this matter, please call:

Lina Gabriel at (407) 227-9255
Name of Person Area Code Daytime Telephone Number

is a check for the following amount:

- ☐ \$0 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

TO
ARTICLES OF ORGANIZATION
OF

Waterside Breakfast Company

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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Articles of Organization for this Limited Liability Company were filed on 3/13/2019 and assigned document number L19000070757

Amendment is submitted to amend the following:

Changing name, enter the new name of the limited liability company here:

~~OMA Realty LLC~~ Christian Michael Gabriel LLC
Name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Principal office address, if applicable:

Principal office address MUST BE A STREET ADDRESS

Mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX

Changing the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
City Zip Code

Registered Agent's Signature, if changing Registered Agent:

I 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 understand 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

ed from our records:

Manager
Authorized Member

11:00

Name

Address

Type of Action

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_____	_____	<input type="checkbox"/> Add
_____	_____	<input type="checkbox"/> Remove
_____	_____	<input type="checkbox"/> Change
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_____	_____	<input type="checkbox"/> Change

ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Effective date, if other than the date of filing: _____ (optional)

If the date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the member's effective date on the Department of State's records.

If the date specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the date of filing.

January 6th, 2021



Signature of a member or authorized representative of a member

CHRISTIAN GABRIEL

Typed or printed name of signer