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Tallahassee, FL 32314

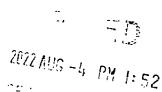
TO:

	Registration Se Division of Cor				
CHBIEC	Omega Pair	nt & Decor LLC			
SUBJEC	1: <u></u>	Name of Lim	ited Liability Company	 	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please ret	urn all correspo	ndence concerning this matter	to the following:		
		Leydis I Domingo			
			Name of Person		
		Omega Paint & Decor LLO	2		
		· · ·	Firm/Company		
	3575 W 10th Ave, Stc 202				
			Address		
		Hialeah, Fl, 33012			
			City/State and Zip Code		
		omegapaintdecor@gmail.co			
		E-mail address: (to be used for future annual report noti	fication)	
For furthe	er information co	oncerning this matter, please ca	all:		
Leydis I	Domingo		786 2604318		
	Name o	f Person	at ()	e Telephone Number	
Enclosed	is a check for th	ne following amount:			
		■ \$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 Addres		Street Address:	adio a	
	Registration S Division of C		Registration Se Division of Cor		
	P.O. Box 632		The Centre of T		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Omega Paint & Decor 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 Compan Florida document number L19000078961	y were filed on March 21, 2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
Omega Paint & Remodeling LLC		
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or th	ne abbreviation "L.L.C."
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) B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the n	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

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
MGR	Andy L Perez	3575 W 10TH AVE, STE 202. HIALEAH FL, 33012	! □Add
			□Remove
		 	_ = Change
MGR	Leydis I Domingo	3575 W 10TH AVE, STE 202. HIALEAH FL, 33012	! □Add
			_ 🗆 Remove
		 	= Change
			□Add
			□Remove
			□Change
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fective date, if other than the da	ate of filing:		(optional)	
fective date, if other than the da n effective date is listed, the date must b	e specific and cannot be prior	to date of filing or more t	han 90 days after filing.)	Pursuant to 605,040.
ote: If the date inserted in this block cument's effective date on the Department.	κ does not meet the applications are not state in the seconds	cable statutory filing re-	quirements, this date w	
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August, 01				
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	Sun gnature of a member or auth	orized representative of a	member	

Filing Fee: \$25.00