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SEC. TALLAHASSEE, FL.



COVER LETTER

	istration Sect sion of Corpo			
CUDICAT.	OMAC REA	L ESTATE, LLC.		
SUBJECT:		Name of Limi	ted Liability Company	
		mendment and fee(s) are subn		
		Jalal "Jay" Shehadeh, Esq.		
			Name of Person	
		Shehadeh Giannamore, PLI	LC	
			Firm/Company	
		396 Alhambra Circle, Ste I	00-A	
			Address	
		Coral Gables, FL 33134		
		mahmud@orionoil.com	City/State and Zip Code	
		E-mail address: (to	o be used for future annual report notific	cation)
For further in	formation cor	neerning this matter, please ca	11:	
Jalal "Jay" Sl	hehadeh, Esq.		305 507-9843	
	Name of F	Person Person		Telephone Number
Enclosed is a	check for the	following amount:		
■ \$25.00 Fi	ling 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OMAC REAL ESTATE, LLC.		
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our records.) i Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on 04/25/2019	and assigned
Florida document number L19000112563	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	
		POIS AUG
Enter new mailing address, if applicable:		- S
(Mailing address MAY BE A POST OFFICE BOX)		Si P
		() -
B. If amending the registered agent and/or regis registered agent and/or the new registered office add	tered office address on our records, <u>ent</u>	er the name of the nev
registered agent and/or the new registered office and	TCSS HCCC.	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida	
	City	Zin 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>	<u>Address</u>	Type of Action
MGR	ORION OIL, LLC	5200 NW 77th Court	□ ∧dd
		Doral, FL 33166	■ Remove
			- Remove
	ODIONOU HOLDINGS LLC	5200 NW 77th C	Change
MGR	ORION OIL HOLDINGS, LLC	5200 NW 77th Court	Add
		Doral. FL 33166	Remove
			Change
			□ Remove
			☐ Change
			□ Add
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Effect	ive date, if other than the date of filing: (optional)
if an ef	ive date, if other than the date of filing: (optional) ective 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
<u>Note:</u> docum	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
20.50	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
	90th day after the record is filed.
D	August 14th 2019
Dated	

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Typed or printed name of signee

Filing Fee: \$25.00