

L19000190619

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

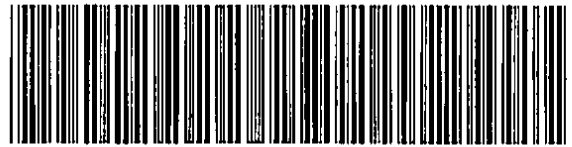
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/21/19--01006--019 **25.00

FILED
19 SEP 24 PM 2:56
TALLAHASSEE, FLORIDA

SEP 24 2019
S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 29, 2019

AMY CALDERON
OMARAMI LLC
75 WINDTREE LANE
WINTER GARDEN, FL 34787

SUBJECT: OMARAMI L.L.C
Ref. Number: L19000190619

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

IF CHANGING REGISTERED AGENT OR OFFICE LIST CURRENT IN #5A,
NEW ONE IN B

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.

Shelia H Young
Regulatory Specialist II

Letter Number: 619A00017958

2019 SEP 24 4:55 PM

CEAL028
www.sunbiz.org

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Omarami L.L.C
Name of Limited Liability Company

The enclosed Articles of Amendment and fees) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Amy Calderon
Name of Person

Firm/Company

75 Windtree Ln.
Address

Winter Garden FL 34787
City/State and Zip Code

amycalderon1209@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amy Calderon at (407) 227-2376
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Omarami L.L.C.

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

FILED
19 SEP 24 PM 2:57
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF
DADE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 7-25-19 and signed
Florida document number L19000190619.

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 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 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

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>	<u>Type of Action</u>
AP	Omar G. Garcia	75 Windtree Ln.	<input type="checkbox"/> Add
		Winter Garden, FL 34787	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

I'm resubmitting this form to only remove the authorized person (AP) that is currently on. I submitted a money order of \$25 with my previous application I had filled out wrongfully.

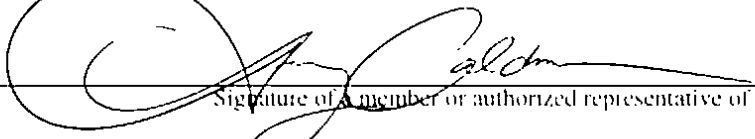
E. Effective date, if other than the date of filing: _____ (optional)

(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 to 605.0207 (3)(b)

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

If the record 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 record is filed.

Dated September 19 . 2019 .



Signature of a member or authorized representative of a member
Amy Calderon

Typed or printed name of signee