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\_\_\_\_\_  
(Requestor's Name)

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

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

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

☐

PICK-UP

☐

WAIT

☐

MAIL

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

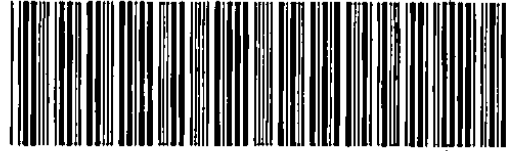
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09/28/18--01016--001

Submissions  
TALLAHASSEE, FL

OCT 14 2019  
C K

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: \_\_\_\_\_

*Omegg 1111 LLC*  
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:

*Natalja's Backs*  
Name of Person

*Omegg 1111*  
Firm Company

*3605 NE 207 ST #4209*  
Address

*Aventura FL 33180*  
City State and Zip Code

*gdl@gazyaamerica.com*  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

*Natalja's Backs*  
Name of Person

at *954*  
Area Code

*662 5044*  
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

*Omegg 1111*

(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 08/26/19 and  
Florida document number L19000217618

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

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 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 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 c  
being filed to merely reflect a change in the registered office address, I hereby confirm that the limited li  
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type</u>
MGR	KERIKATE, RAYMONDA	401 E. LAS OLAS BLVD #1400 FORT LAUDERDALE FL 33301	<input type="checkbox"/> A <input checked="" type="checkbox"/> R <input type="checkbox"/> C
MGR	GENETIC DIAGNOSTIC LABS	3605 NE 207TH ST #4209 AVENTURA FL 33180	<input checked="" type="checkbox"/> A <input type="checkbox"/> R <input type="checkbox"/> C  <input type="checkbox"/> A <input type="checkbox"/> R <input type="checkbox"/> C  <input type="checkbox"/> A <input type="checkbox"/> R <input type="checkbox"/> C  <input type="checkbox"/> A <input type="checkbox"/> R <input type="checkbox"/> C

Please Remove MGR Kerikaite Kaimono  
and replace with  
MGR Genetic Diagnostic Labs, Inc

**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

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be 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 e

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

Dated 09/20/ 2019

Signature of a member or authorized representative of a member

Natalie's Backo

Typed or printed name of signee