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| (Requestor's Name)<br>(Address)<br>(Address) | 900396916149             |
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## **COVER LETTER**

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## TO: **Registration Section** Division of Corporations

Omaha Remarketing LLC SUBJECT:

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

|  | Mohamad Fakih                                   |   |   |  |
|--|---|---|---|--|
|  |   | Name of Person  |   |  |
|  | Omaha Remarketing LLC                           |   |   |  |
|  |   | Firm/Company  |   |  |
|  | 14526 weeping elm dr                            |   |   |  |
|  | tampa fl 33626                                  | Address   |   |  |
|  | 961mjf@gmail.com                                | City/State and Zip Code   |   |  |
|  |   | to be used for future annual report no  | otification)  |  |
| For further information c  | oncerning this matter, please c                 | all:  |   |  |
| Mohamad Fakih  |   | 770 3007473   |   |  |
| Name of Person   |   | at ()<br>Area Code — Daytime Telephone Number   |   |  |
| Enclosed is a check for th   | ne following amount:                            |   |   |  |
| ■ \$25.00 Filing Fee   | □ \$30.00 Filing Fee &<br>Certificate of Status | \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed)                     | \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>tadditional copy is enclosed? |  |
| <u>Mailing Addres</u><br>Registration S<br>Division of C<br>P.O. Box 632<br>Tallahassee, I | Section<br>orporations<br>7                     | <u>Street Address:</u><br>Registration S<br>Division of Co<br>The Centre of<br>2415 N. Monr | orporations   |  |

|  |                       | AMENDMENT  |                          |                       |
|--|-----------------------|--|--------------------------|-----------------------|
| л ра   |                       | O<br>DRGANIZATION                                | Ĩ                        |                       |
|  |                       |  |                          |                       |
| Omaha Remarketing LLC  |                       |  | 2022 NOV - 7             | Alt CLOS              |
| ( <u>Name of the Lim</u>   | ited Liability Compa  | ny as it now appears on ou<br>Liability Company) | r records.)              | -                     |
| The Articles of Organization for this Limited I<br>Florida document number                           | .iability Company     |  | :                        | and assigned          |
| This amendment is submitted to amend the fol   | lowing                |  |                          |                       |
| This and diment is submitted to affend the for   | iowing.               |  |                          |                       |
| A. If amending name, <u>enter the new name o</u>   | of the limited liab   | ility company here:                              |                          |                       |
|  |                       |  |                          |                       |
| The new name must be distinguishable and contain the   | words "Limited Liabil |  |                          | previation "L.L.C."   |
| Enter new principal offices address, if applicable:  |                       | 14526 weeping elm dr t                           | ampa fl 33626            |                       |
| Principal office address MUST BE A STRE  | ET ADDRESS)           |  |                          |                       |
|  |                       |  |                          |                       |
| Enter new mailing address, if applicable:  |                       | 14526 weeping elm dr I                           | ampa fl 33626            |                       |
| ( <u>Mailing address MAY BE A POST OFFICE</u>  | <u>( BOX)</u>         |  |                          |                       |
|  |                       |  | <b>_</b>                 |                       |
| B. If amending the registered agent and/or agent and/or agent and/or the new registered office addre |                       | address on our records                           | , <u>enter the nam</u>   | e of the new register |
| Name of New Registered Agent:  | Mohamad Fakil         | 1  |                          |                       |
| New Registered Office Address:   | 14526 weeping         | elm dr   |                          |                       |
|  |                       | Enter Florida stree                              | rt address               |                       |
|  | tampa                 |  | , Florida <sup>336</sup> | 26                    |
|  |                       | Cuv  |                          | 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, <u>enter the title, name, and address of each person being added</u> or removed from our records:

## MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>       | Address                             | <u>Type of Action</u> |
|--------------|-------------------|-------------------------------------|-----------------------|
| MGR          | Willcox Sales LLC | 7901 4TH ST N STE 300               |                       |
|              |                   |                                     | □Add                  |
|              |                   | ST. PETERSBURG, FL. 33702           | <b>= a</b>            |
|              |                   | - <u>-</u>                          |                       |
|              |                   |                                     | □Change               |
| MGR          | Mohamad Fakih     | 14526 weeping elm dr tampa fl 33626 |                       |
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**D.** If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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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.

| C       | October 28    | 2022   |  |
|---------|---------------|--|--|
| Dated _ | <u> </u>      | ^ · ·  |  |
|         |               | Attall   |  |
|         |               | Signature of a member or authorized representative of a member |  |
|         | Mohamad Fakih |  |  |
|         |               |  |  |