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| (Requestor's Name)                      |
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| (Address)                               |
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| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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## **COVER LETTER**

| TO: Registration Section Division of Corporations  |
|--|
| SUBJECT: Omni One Medica LLC 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:  |
| Emilia J. Servano Colon<br>Name of Person  |
| Omni One Media LLC Firm/Company  |
| 211 Owenshire Cir.   |
| Kissimmee FL 34744  City/State and Zip Code  |
| E-mail address: (to be used for future annual report notification)   |
| For further information concerning this matter, please call:   |
| Emilio J. Serrano Colon at (407) 780-3039  Name of Person Area Code Daytime Telephone Number   |
| Enclosed is a check for the following amount:  |
| □ \$25.00 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee, Certified Copy (cadditional copy is enclosed) |
| Mailing Address:  Registration Section  Division of Corporations  Street Address:  Registration Section  Division of Corporations  |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Omni One   | Medica LLC  Liability Company as it now appears on our records.)  Florida Limited Liability Company) |
|--|--|
| ( <u>Name of the Limited</u><br>(A   | Liability Company as it now appears on our records.) A Florida Limited Liability Company)            |
| The Articles of Organization for this Limited Liab<br>Florida document number <u> </u>           | bility Company were filed on May 22, 2020 and assigned 444.  |
| This amendment is submitted to amend the follow  | ving:  |
| A. If amending name, enter the new name of t   | he limited liability company here:   |
| The new name must be distinguishable and contain the wor   | rds "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."               |
| Enter new principal offices address, if applicat   | ble:   |
| (Principal office address MUST BE A STREET   | (ADDRESS)  |
|  |  |
| Enter new mailing address, if applicable:  |  |
| (Mailing address MAY BE A POST OFFICE B  | <u> </u>   |
|  |  |
| B. If amending the registered agent and/or reg<br>agent and/or the new registered office address | gistered office address on our records, <u>enter the name of the new registered</u><br><u>here</u> : |
| Name of New Registered Agent:  | Emilio J. Serrano Colon  |
| New Registered Office Address:   | 211 Owen Shire Cir. Enter Florida street address   |
|  | City Florida 34744 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 |
|--------------|-------------------------|---|----------------|
| Pres.        | Emilio J. Serrano       | 211 Owenshire Cir.                        | □Add           |
|              |                         | Kissimmer, FL 34744                       |                |
|              |                         |   | □Change        |
| MGR          | Emilio J. Serrano Colon | 211 Owenshire Cir.                        | ØAdd           |
|              |                         | 211 Owenshire Cir.<br>Kissimmer, FL 34744 | □Remove        |
|              |                         |   | □Change        |
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| an effectiv<br>Note:   If th | date, if other that<br>he date is listed, the da-<br>he date inserted in t<br>s effective date on | ite must be specific<br>this block does no | and cannot of meet the | applicable    |                  | ore than 90 day |               |  |
| l is filed.                  | ecifies a delayed ef  |  |                        |               |                  |                 | of: (b) The 9 | Oth day after the                            |
| ated                         | Jun e   | 13   | _, _2                  | 020           |                  |                 |               |  |
|                              |   | ار رائی                                    |                        | Som           |                  |                 |               |  |
|                              |   | Signature of                               | i a member             | or authorized | l representative | of a member     |               | <u>.                                    </u> |
|                              |   |  |                        |               |                  |                 |               |  |

Filing Fee: \$25.00