

h70 000 222245

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

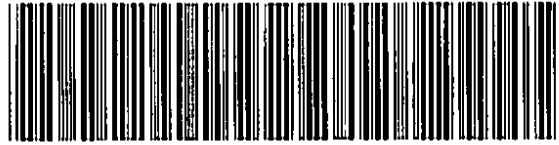
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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12/14/20

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: O. M. ALL SERVICE 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:

OSCAR MALAGON MALAGON

Name of Person

O.M. ALL SERVICE LLC

Firm/Company

559 MONROE AVE

Address

APOPKA FL 32703

City/State and Zip Code

latinosunidoastax@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

OSCAR MALAGON MALAGON

321 439-5508

at (_____) _____

Name of Person

Area Code

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 Address:

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**

O.M. ALL SERVICE LLC

(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 07/27/2020 and assigned
Florida document number L20000222245.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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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: OSCAR MALAGON MALAGON

New Registered Office Address:

Enter Florida street address

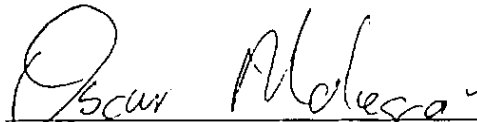
_____, Florida

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>
AMBR	OSCAR MALAGON	559 MONROE AVE, APOPKA FL 32703	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	OSCAR MALAGON MALAGON	559 MONROE AVE, APOPKA FL 32703	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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(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)

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 November 10, 2020

Osca M. Magón

Signature of a member or authorized representative of a member

OSCAR MALAGON MALAGON

Typed or printed name of signee

En caso de que el titular de este pasaporte requiera de asistencia o protección del gobierno mexicano, se recomienda que acuda a la representación diplomática o consular mexicana más cercana.

ENCASOIN FAREJAZZTOUNJUNAR A
ENCASOIN FAREJAZZTOUNJUNAR A
ENCASOIN FAREJAZZTOUNJUNAR A

Nombre: _____
Dirección: _____
Entidad Federativa: _____
C.P. _____ Teléfono: _____

[illegible]

Dirección: _____
 Entidad Federativa: _____
 C.P. _____ Teléfono: _____

STUDIES IN THE HISTORY OF THE
LITERATURE OF THE UNITED STATES
AND THE LITERATURE OF THE
UNITED STATES

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Tipo
Type
Contenido

P

Cirrus del país de expedición
Issuing office code
Code de pays d'expedition

MEX

Passports No. ~~XXXXXXXXXX~~ G31978476



Apellidos/Nombre/Edad
MALAGON MALAGON

1. Nombre y cargo actual del interesado

OSCAR

Nacionalidad / ~~NAC~~
MEXICANA

Fecha de nacimiento
13 06 1982

Servicio Social

M

Fecha de inspección
15 04 2019

Firma del titolare / Membro apoderado / Apoderado de firma

Oscar Malagon



REF ID: A63871

Fecha de caducidad:
15 04 2022

Accommodated / Activity / Accommodated

115


ORLANDO

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