# 120000280549

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
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# Sunshine State Corporate Compliance Company

# 3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 6/7/2021		**WALK	<i>[N</i> ##
ENTITY NAME OMNILA	TTICE LLC	***************************************	2.
ENTITY NAME			
DOCUMENT NUMBER			
	**PLEASE FILE THE ATTACHED AND RETURN**		
XXXX	Plain Copy	**WALK	Win
	Certified Copy		
	Certificate of Status		
**P@	LEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**  Certified Copy of Arts & Amendments		
	Certificate of Good Standing	1756-42,7	1 1 TA
	**APOSTILLE' / NOTARIAL CERTIFICATION**		
COUNTRY OF DESTINATION	ON .		
NUMBER OF CERTIFICAT		_	
TOTAL OWED \$25.00	ACCOUNT #: I20160000072	•4	7.3.1
Please call Tina at the	e above number for any issues or concerns. Thank you so	mach!	

## COVER LETTER

TO:

	Registration Section Division of Corporations						
		LLC					
SUBJECT	:	Name of Lim	ited Liability Company				
Division of Corporations  Omnilattice 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:  Mike Sevik  Name of Person  ZenBusiness Inc.  Firm/Company  5511 Parkcrest Drive Suite 207  Address  Austin, Texas 78731  City/State and Zip Code fulfillment@zenbusiness.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  ZenBusiness c/o Mike Sevik  Name of Person  Daytime Telephone Number							
Please retu	rn all correspo	ondence concerning this matter	to the following:				
		Mike Sevik					
			Name of Person				
		ZenBusiness Inc.	and fee(s) are submitted for fitting.  erning this matter to the following:  Firm Name of Person  ness Inc.  Firm Company  kerest Drive Suite 207  Address  Exas 78731  City/State and Zip Code  (@zenbusiness.com  E-mail address: (to be used for future annual report notification)  s matter, please call:  Area Code  Area Code  Daytime Telephone Number  amount:  Filling Fee & S55.00 Filling Fee & Certificate of Status & Certificate of Sta				
			Firm/Company				
		5511 Parkerest Drive Suite	Street Address: Registration Section  Street Address: Registration Section Division of Corporations				
			Address				
		Austin, Texas 78731					
		<del></del>	City/State and Zip Code	<u></u>			
		_					
				otification)			
For further	information c	oncerning this matter, please c	all:				
ZenBusine	ess c/o Mike S	evik					
	Name o	f Person	Area Code Dayti	me Telephone Number			
Enclosed is	s a check for th	ne following amount:					
≣ \$25.00	) Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy			
	Iniling Addres			vetion			
	egistration ( Division of C	Section Corporations					
Р	.O. Box 632	2.7	The Centre of	Tallahassee			
T	allahassee. l	FL 32314	2415 N. Monr	oe Street, Suite 810			

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Omnilattice LLC (Same of the Limited Lightlity Compa	ny as it now appears on our records.)				
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	Liability Company)				
the Articles of Organization for this Limited Liability Company lorida document number L20000280549	were filed on 9/8/2020	and assigned			
his amendment is submitted to amend the following:					
If amending name, enter the new name of the limited liab	ility company here:				
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or	the abbreviation "L.L.C."			
nter new principal offices address, if applicable:	100 South Ashley Drive				
Principal office address MUST BE A STREET ADDRESS)	Suite 600				
:	Tampa, FL 33602	4 NA MEE			
nter new mailing address, if applicable:	100 South Ashley Drive				
Mailing address MAY BE A POST OFFICE BOX)	Suite 600				
Hunnig dualess 3001 M. AT VOT OFFICE DVM	Tampa, FL 33602				
		وم. 4 ه. ه. د د د د د د د د د د د د د د د د د			
. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	address on our records, <u>enter the</u>				
gent and/or the new registered office address here.		9.50			
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
	, Florid	aZıp Code			

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
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Note: If the	ite, if other than the date is listed, the date mus date inserted in this bl effective date on the D	lock does not m	neet the applica	able statutory	or more than 9 filing require	(option: 0 days after fili ments, this da	al) ing.) Pursuant t ate will not b	o 605.0207 ( : listed as tl
record spec d is filed.	ifies a delayed effectiv	e date, but not :	an effective ti	me, at 12:01 :	a.m. on the ea	rlier of: (b)	The 90th day	after the
Dated	7	<del></del> .	2021	<u></u> ·				
<u>/s</u>	s/ Nita Gade				<del>,</del>			_
		Signature of a n	nember or autho	orized represen	tative of a mem	ber		

Filing Fee: \$25.00