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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SECRETARY OF STATE

COVER LETTER

TO: Registration Sc Division of Cor					
COLUMN TELESCOPE	Company LLC				
SUBJECT:	Name of Lim	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Carolyn Sancilio				
		Name of Person		-	
	Sancilio LLC				
		Firm/Company		-	
4244 SE Centerboard Ln					
		Address		-	
	Stuart, Fl 34997			2022 DEC 2 SECRETAL TALL AR	
City/State and Zip Code				DEC	1022
	asancilio@yahoo.com E-mail address: (to be used for future annual report notifi	cation)	27 ARY	2 F. W.
For further information c	oncerning this matter, please c	all:		SEE OF THE	
Carolyn Sancilio		561 891-1737 at ()		3: 15 STATE E. FL	_
Name o	f Person		Telephone Number		
Enclosed is a check for the	ne following amount:				
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	

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

Omegablu LLC		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on Dec. 14, 2020	and assigned
Torida document number L20000390250		
his amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)		2022 TO 220
		ACR P
		C 2
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
•		िले ज
 If amending the registered agent and/or registered office agent and/or the new registered office address here: 	iddress on our records, <u>enter the</u>	e name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	da
	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>	Address	Type of Action
MGR	Carolyn Sancilio	4244 SE Centerboard Ln	 & Add
		Stuart, Fl 34997	=Remove C
			☐ Change
MGR	Frederick Sancilio	4244 SE Centerboard Ln	₩ Add
		Stuart, F1 34997	□Remove
			☐ Change
MGR	Sancilio LLC	4244 SE Centerboard Ln	■Add
		Stuart, Fl 34997	Remove
			☐ Change
			200 D
			SEGRETARY TILLAHIS
			7 PHChange
			Add
			□Remove
			□Change
			□ Add
			□Remove
			□ Change

Carolyn Sancilio

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Effective date, if other than t	he date of fili	ng:		(o _l	otional)		ns 117177 /
(If an effective date is listed, the date <u>Note:</u> If the date inserted in this document's effective date on the	block does not	t meet the applic	able statutory file	ng requirements,	this date will	not be li	sted as th
document's effective date on the	e 17cpartment of	state s recinus	•				
he record specifies a delayed effectord is filed.	ctive date, but n	ot an effective t	ime, at 12:01 a.m	, on the earlier of	(b) The 90t	h day af	ter the
Dated Sept 12		2022					
			_				

Filing Fee: \$25.00

Typed or printed name of signee