

6/9/2021

Division of Corporations

L21000105706

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H21000227732 3)))



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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
OMNICROM GROUP, LLC

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Corporate Filing Menu

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6/10/2021 5:11:07 PM PAGE 1/001 Fax Server



June 10, 2021

FLORIDA DEPARTMENT OF STATE
Division of CorporationsOMNICROM GROUP, LLC
1012 SW 5TH PL
FT LAUDERDALE, FL 33312SUBJECT: OMNICROM GROUP, LLC
REF: L21000105706

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Agnes Lunt
Regulatory Specialist IIIFAX Aud. #: H21030227732
Letter Number: 421A00012906

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OMNICROM GROUP, 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 03/04/2021 and assigned
Florida document number L21000105706

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

THOMAS DIMITRIO PIPERIS

New Registered Office Address:

1012 SW 5th PL

Enter Florida street address

FT. LAUDERDALE

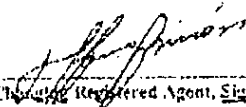
Florida 33312

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

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TALLAHASSEE, FLORIDA

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	Thomas Dinitio Piperis	1012 SW 5TH PL	☒ Add
		FT LAUDERDALE, FL 33312	☐ Remove
			☐ Change
AMBR	DIANA PENDLEY	1012 SW 5th PL	☐ Add
		FT. LAUDERDALE, FL 33312	☒ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

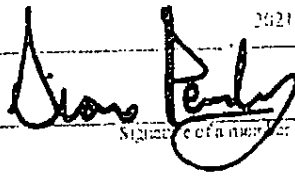
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 605.0307 (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 (a) The 90th day after the record is filed.

Dated MAY 11 2021

(X)



Signature of a member or authorized representative of a member

DIANA PENDLEY

Typed or printed name of signer

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2021 JUN 11 AM 8:23

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