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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to	o Filing Officer:	
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COVER LETTER

TO: Registration S Division of Co			
OMQ LLC		•	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Olimpio Monzon		
		Name of Person	
	OMQ LLC		
		Firm/Company	
	5241 NW 190 ST		
		Address	
	Miami Gardens, FL 33055	5	
	56mayraquiros56@gmail.c		
For further information of	E-mail address; (concerning this matter, please c	to be used for future annual report notifiall:	lication)
Olimpio Monzon		786 512-5846 at ()	
Name o	of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for t	he following amount:		0
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee Certificate of Status & Certified Copy (additional copy is elelosed)
Mailing Address Registration Solvision of Co. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of T 2415 N. Monroe Tallahassee, FI	porations allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OMOTIC

(Name of the Limited Liability Con	npany as it now appears on our records.) ed Liability Company)	
(A Fiorida Cimilio	cu Blacking Company)	
The Articles of Organization for this Limited Liability Compa Florida document number <u>L21000110046</u>	any were filed on $\frac{03/08/2021}{}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lis	ability 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)		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address on our records, enter the na	me of the new registo
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	7021 APR
	Florida _	Zip Code
New Registered Agent's Signature, if changing Registered Ager	n t:	D P

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 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
AMBR	Olimpio Monzon	5241 NW 190 ST	= Add
		Miami Gardens, FL 33055	□Remove
			□Change
			□Add
			□ Remove
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