

L21000110046

111

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

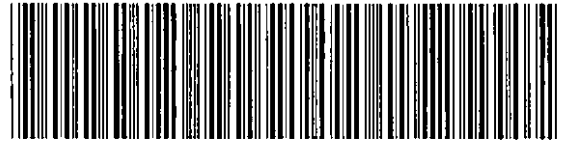
(Business Entity Name)

(Document Number)

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FILED  
2024 OCT -7 PM 5:07  
TOLSON

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: OMQ 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:

OLIMPIO MONZON  
Name of Person  
OMQ LLC  
Firm/Company  
1105 OLD FARM RD  
Address  
LAWRENCE, PA 15055  
City/State and Zip Code  
JUAN@RSVTAX.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

OLIMPIO MONZON  
Name of Person  
908 446 3141  
at ( )  
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

OMQ 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 03/08/2021 and assigned  
Florida document number L21000110046.

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 "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

1105 OLD FARM RD

LAWRENCE, PA 15055

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

380 W 49TH ST

HIALEAH, FL 33012

**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:

RSV TAX & ACCOUNTING SERVICES INC

New Registered Office Address:

380 W 49TH ST

*Enter Florida street address*

HIALEAH

*City*

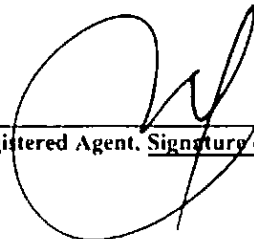
Florida 33012

*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**



[illegible]

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

THIS AMENDMENT PROVIDES CHANGES FOR THE COMPANY PER CENTAGE OF PROFITS (LOSS)

DISTRIBUTION. THE NEW PER CENTAGE OF DISTRIBUTION FOLLOWS:

OLIMPIO MONZON ----- AMBR ----- 01 %

JORGE RUIZ HERNANDEZ -- MGR ----- 99 %

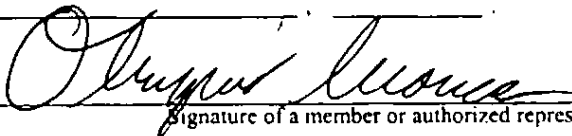
**E. Effective date, if other than the date of filing:** 09/15/2024 **(optional)**

*(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 605.0207 (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: (b) The 90th day after the record is filed.

Dated SEPTEMBER 15 2024

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

OLIMPIO MONZON

\_\_\_\_\_  
Typed or printed name of signee