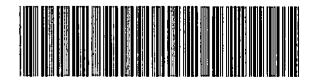
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T. MATTHEWS

JAN 11 2022

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December 7, 2021

ALICA B. RICCI 1 FLORIDA PARK DR. S., STE 314 PALM COAST, FL 32137

SUBJECT: OMERTA PRESS LLC Ref. Number: L21000233684

We have received your document for OMERTA PRESS LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 121A00029347

Tekayla T Matthews OPS

www.sunbiz.org

COVER LETTER

| TO: | | | | |
|--|--|----------------------------------|--|--|
| | | | | |
| SUBJE | CT: | Name of Limi | ted Liability Company | |
| The enc | losed Articles of | Amendment and fee(s) are subr | nitted for filing. | |
| Please r | eturn all corr es po | ndence concerning this matter t | to the following: | |
| | | ALICIA B. RICCI | | |
| OMERTA PRESS. LLC SUBJECT: 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: ALICIA B. RICCI Name of Person Firm/Company 1 FLORIDA PARK DR. S., SUITE 314 Address PALM COAST, FL 32137 City/State and Zip Code fwriteril 940@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Prank Ricci Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$\frac{386}{2}\$ \$57-3934 \$\frac{31}{2}\$ \$\frac{360}{2}\$ \$\frac{360}{2}\$ \$\frac{560.00}{2}\$ Filing Fee. Certificate of Status \frac{360}{2}\$ \$\frac{360.00}{2}\$ Filing Fee. \frac{360.00}{2}\$ \$\frac{360.00}{2}\$ Filing Fee. \frac{360.00}{2}\$ \$\frac{360.00}{2}\$ Filing Fee. \frac{360.00}{2}\$ \$\frac{360.00}{2}\$ \$\frac{360.00}{2}\$ Filing Fee. \frac{360.00}{2}\$ \$\frac{360.00}{2}\$ \$\frac{360.00}{ | | | | |
| | | | Firm/Company | |
| | | 1 FLORIDA PARK DR. S. | | |
| | | | Name of Person Firm/Company DR. S., SUITE 314 Address . 32137 City/State and Zip Code com didress: (to be used for future annual report notification) please call: | |
| | Dission of Corporations OMERTA PRESS. LLC Times of Limited Liability Company Dission of Articles of Amendment and fce(s) are submitted for filing. South Articles of Amendment and fce(s) are submitted for filing. ALICIA B. RICCI Name of Person Firm/Company 1 FLORIDA PARK DR. S., SUITE 314 Address PALM COAST. FL 32137 City/State and Zip Code fwricei 1940@gmuil.com E-mail address: (so be used for future annual report notification) are information concerning this matter, please call: icei Name of Person Area Code Name of Person Area Code South Company 1 FLORIDA PARK DR. S., SUITE 314 Address PALM COAST. FL 32137 City/State and Zip Code fwricei 1940@gmuil.com E-mail address: (so be used for future annual report notification) are information concerning this matter, please call: icei 1 386 South Code Daytime Telephone Number 3 is a check for the following amount: 00 Filing Fee & Certificate of Status Certificate of Status & Certificate Copy (additional copy is exclosed) Mailing Address: Registration Section Division of Corporations P.O. Box 6327 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 | | | |
| Division of Corporations OMERTA PRESS. LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this mane; to the following: ALICIA B. RICCI Name of Person Firm/Company 1 FLORIDA PARK DR. S., SUITE 314 Address PALM COAST, FL 32137 City/State and Zip Code fwriteci1940@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Frank Ricci Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$\frac{386}{Area Code}\$ Daytime Telephone Number Enclosed is a check for the following amount: \$\frac{525.00}{Area Code}\$ Explained Copy (additional copy is religional | | | | |
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| | otification) | | | |
| For furt | her information c | oncerning this matter, please ca | all: | |
| Frank F | Ricci | | 386 597-3934 | |
| | Name o | f Person | Area Code Dayti | ime Telephon e Number |
| Enclose | ed is a check for t | he following amount: | | |
| € \$25 | 5.00 Filing Fee | | Certified Copy | Certificate of Status & Certified Copy |
| | Registration Division of O P.O. Box 633 | Section Corporations 27 | Registration S Division of C The Centre of | Section Forporations f Tallahassee |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

22 111-3 111 3:10

| | | 22 - |
|--|----------------|---|
| OMERTA PRESS, LLC | | |
| (Name of the Limited L | lability Compa | ny as it now appears on our records.) Liability Company) |
| | | |
| The Articles of Organization for this Limited Liabil | ity Company | were filed on May 19, 2020 and assigned |
| Florida document number L21000233684 | | |
| | | |
| This amendment is submitted to amend the following | ıg: | |
| A. If amending name, enter the new name of the | limited liab | ility company here: |
| , <u> </u> | | |
| The new name must be distinguishable and contain the words | "Limited Liabi | lity Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | 1 FLORIDA PARK DR., S., SUITE 314 |
| | | PALM COAST, FL 32137 |
| Principal office address MUST BE A STREET ADDRESS) | | |
| | | |
| | | 1 FLORIDA PARK DR., S., SUITE 314 |
| Enter new mailing address, if applicable: | | PALM COAST, FL 32137 |
| (Mailing address MAY BE A POST OFFICE BO) | <u>X)</u> | |
| | | |
| | tared office | address on our records, enter the name of the new registere |
| B. If amending the registered agent and/or regis | ere: | address on our records, enter the |
| apen and of the new regions | - | |
| Name of New Registered Agent: | LICIA B. RIC | CCI |
| 1 | EI ODIDA D | ARK DR. S., SUITE 314 |
| New Registered Office Address: | TEORIDA 17 | Enter Florida street address |

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.

PALM COAST

It 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

| Title | <u>Name</u> | Address | Type of Action |
|-------|----------------------|-----------------------------------|---------------------|
| MGR | MICHAEL I. ROSENTHAL | 66 FLEETWOOD DR | □Add |
| | | PALM COAST, FL 32137 | ≣Remove |
| MGR | | | [] Change |
| | ALICIA B. RICCI | 1 FLORIDA PARK DR., S., SUITE 314 | = Add |
| | | PALM COAST, FL 32137 | Remove |
| | | | ☐ Change |
| | | | □Add |
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| Effective date, if other than the date of filing: | g:(optional) d cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 meet the applicable statutory filing requirements, this date will not be listed as State's records. t an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the | | | |
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Filing Fee: \$25.00