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SECRETARY OF SIGH

2021 AUG 26 AM 4: 44

COVER LETTER

TO: Registration Division of C		•				
Omni At SUBJECT:	fordable Florida, LLC					
SUBJECT:	Name of Lim	Name of Limited Liability Company				
The constant Assistan	-6 \	mittail for filing				
	of Amendment and fee(s) are sub	<u> </u>				
Please return all corres	spondence concerning this matter	to the following:				
	Max Kelner					
		Name of Person				
	Omni New York LLC					
		Firm/Company				
	909 Third Ave., 21st Floor					
		Address				
	New York, NY 10022					
		City/State and Zip Code				
	mkelner@onyllc.com					
	E-mail address: (to be used for future annual report not	ification)			
For further informatio	n concerning this matter, please c	all:				
Max Kelner		646 352-3790 at ()				
Name of Person		Area Code Daytin	ne Telephone Number			
Enclosed is a check fo	r the following amount:					
■ \$25.00 Filing Fee	_	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Address: Registration Section		Street Address: Registration Se				
Division of Corporations P.O. Box 6327			Division of Corporations The Centre of Tallahassee			
	e, FL 32314	2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2021 AUG 26 AM 4: 44

SECRETARY OF STATE TALLAHASSEE, FLORE .

Omni Affordable Florida, 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 Compar	ny were filed on June 17.	and assigned		
Florida document number L21000282404				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	ability company here:			
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designat	on "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 office agent and/or the new registered office address here:	e address on our records	s, enter the name of the new registered		
Name of New Registered Agent:		······································		
New Registered Office Address:				
	Enter Florida street address			
	City	, Florida		
New Registered Agent's Signature, if changing Registered Agen	,	,		
I hereby accept the appointment as registered agent and as provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered office company has been notified in writing of this change.	te performance of my di s provided for in Chapte	ities, and I am familiar with and er 605, F.S. Or, if this document is		

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
AMBR	Eugene Schneur	909 Third Ave., 21st Floor	≣ Add
		New York, NY 10022	□Remove
			☐ Change
AMBR	Robert Bennett	909 Third Ave., 21st Floor	\exists Add
		New York, NY 10022	□Remove
			Change
AMBR	Maurice Vaughn	909 Third Ave., 21st Floor	= Add
		New York, NY 10022	□Remove
			Change
MMBR	Megan Thomas	909 Third Ave., 21st Floor	
		New York, NY 10022	=Remove
			□ Change
MMBR	David Fleming	909 Third Ave., 21st Floor	□Add
		New York, NY 10022	≅Remove
			Change
			□Add
			□Remove
			□ Change

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Effective date, if other than the If an effective date is listed, the date must Note: If the date inserted in this bl document's effective date on the D	it be specific and ock does not i	d cannot be pri- meet the appl	icable statutor	ng or more than by filing require	(option) O days after filements, this d	ing.) Pursuant to	605.0207 listed as
e record specifies a delayed effectived is filed.	e date, but no	t an effective	time, at 12:01	a.m. on the ea	arlier of: (b)	The 90th day a	ifter the
Dated		2021					
		1/1	 			_	
<u></u>	Signatura		thorized represe	ntative of a mar	pher		
	Signature@i a				noci		
		Max	Kelne med name of sign				