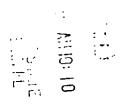
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(Rec	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 07/09/2021					⇔ WALK	[N**
ENTITY NAME OMNI BY	YOH LLC					
DOCUMENT NUMBER_						
	PLEASE FILE THE	E ATTACH	ED AND RETUR	PN		
xxxx	Plain Copy					
	Certified Copy Certificate of Status					
***	LEASE OBTAIN THE FO			E ENTITY**		
	Certified Copy of Arts Certificate of Good Sta		rts			
	APOSTILLE' / N	OTARIAL	CERTIFICATI	ON		
COUNTRY OF DESTINATI NUMBER OF CERTIFICAT						
TOTAL OWED \$25.00			'	#: 12016000007 B TM	<u></u> '2	
Please call Tina at th	e above number for i	any issues	•		o mach!	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OMNI BYOH LLC				_
(Name of the Limited Liability Compa (A Florida Limited l	ny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company	were filed on		_ and a	assigned
Florida document number L21000297594				
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" o	or the abbro	eviation	"L.L.C."
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRESS)				<u> </u>
Enter new mailing address, if applicable:	7604 Lake Vista Court			
Mailing address MAY BE A POST OFFICE BOX)	Unit 406			
	Bradenton, FL 34202			
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter th</u>	e-name (of the r	<u>iew regis</u>
		•	9	
Name of New Registered Agent:		·	<u> </u>	
New Registered Office Address:		7. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	<u></u>	٠., ٣٠
	Enter Florida street address	<u> </u>		
	, Flori	ida		
	City		Zip Coc	le

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 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>	Name	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
			□Remove
			□ Change
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	ist be specific and cannot be prior look does not meet the applica	to date of filing or more than 90 days a	ptional) fler filing.) Pursuant to 605.0207 (this date will not be listed as t
an effective date is listed, the date mu Note: If the date inserted in this b	Department of State's records.		
an effective date is listed, the date mu		ne, at 12:01 a.m. on the earlier of	(b) The 90th day after the
fan effective date is listed, the date mu Note: If the date inserted in this be locument's effective date on the II record specifies a delayed effective dis filed.	ve date, but not an effective tir		(b) The 90th day after the
fan effective date is listed, the date mu Note: If the date inserted in this be locument's effective date on the II record specifies a delayed effective dis filed.	ve date, but not an effective tir		
Effective date, if other than the fan effective date is listed, the date mu Note: If the date inserted in this bedocument's effective date on the Exercise record specifies a delayed effection is filed. Dated July 9th	ve date, but not an effective tir		

Filing Fee: \$25.00