12100326203

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



700370975357

08/04/21--01008--018 **25.00

2021 AUG -4 AM 8: 06

NUG 16 2021

COVER LETTER

TO: Registration Sectorision of Corp.					
SUBJECT: OMAL	Folf LLC Name of Lim	ited Liability Company			
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.			
Please return all correspon	dence concerning this matter	to the following:			
	Jared J	Merkley			
	Omni Golf	Name of Person			
	<u> </u>	Firm/Company			
	1901 SW 3	oth terr		2021 AUG -4	-11 ₀ ma
		Address	: :		er igg
	Cape Coral, 1	FL 33914 City/State and Zip Code			
	merkleyjared E-mail address: (FL 33914 City/State and Zip Code Coicloud. Com to be used for future annual report notifi	ication)	31VI 5.08	السده
For further information co	ncerning this matter, please co				
Jared J	Merkley	at (<u>413</u>) 327 - 8	840 Telephone Number		
Name of	rerson	Area Code Daytine	relephone Number		
Enclosed is a check for the	e following amount:				
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate o Certified Co (additional cop	of Status & opy	

Mailing Address:
Registration Section
Division of Corporations

Street Address: Registration Section Division of Corporations

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Umni Golf LLC				
(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) Limited Liability Company)			
	•			
The Articles of Organization for this Limited Liability Cor	empany were filed on 07/19 (2021 and assigned			
Florida document number <u>L21000326203</u>	-•			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	ed liability company here:			
The new name must be distinguishable and contain the words "Limite	ed 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 ADDRE	ESS)			
	0021 TA			
	AU III			
	The CO STANDS			
Enter new mailing address, if applicable:	50			
(Mailing address MAY BE A POST OFFICE BOX)				
	<u> </u>			
	に 1			
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name of the new register			
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Florida			
	City 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 fluid to margly reflect a change in the registered office address. I hereby confirm that the limited liability

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
AMBR &	Alex Medeiros	613 NW 26th terrace	
		Cape Coral, FL 33993	Z Remove
			□Change
CTO	Shaehmus Sawyer	125 Constitution Ave.	\Add
		Jacksonville, NC 28540	Ç⊡R @ ve
			ALL ALL CHANGE ALL CHA
	····		S DAGE
			© co
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove

Dated July 30th