

L22 000005895

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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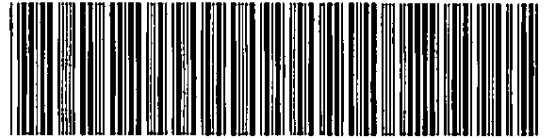
(Business Entity Name)

(Document Number)

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2022 JUN 21 PM 1:18

SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OMEGA APPLIANCE REPAIR LLC - CHANGE OF BUSINESS ADDRESS
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:

PHILIP SMITH

Name of Person

OMEGA APPLIANCE REPAIR LLC

Firm/Company

24151 BEATRIX BLVD 205

Address

PORT CHARLOTTE, FL. 33954-3837

City/State and Zip Code

smithomegaco@outlook.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PHILIP SMITH

941

769-4600

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$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
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**

FILED

OMEGA APPLIANCE REPAIR LLC

2022 JUN 21 PM 1:18

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 12/28/21 (EFF-DATE 1/15/22) and assigned Florida document number L22000005895.

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:

24151 BEATRIX BLVD UNIT 205

(Principal office address MUST BE A STREET ADDRESS)

PORT CHARLOTTE, FL 33954-3837

Enter new mailing address, if applicable:

24151 BEATRIX BLVD UNIT 205

(Mailing address MAY BE A POST OFFICE BOX)

PORT CHARLOTTE, FL 33954-3837

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:

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 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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

2022 JUN 21 PM 1:18
STALLAHASSE, FL

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2022 JUN 21 PM 1:18
ST. LOUIS, MO
FBI

JANUARY 15, 2022

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.

Dated _____, _____

Signature of a member or authorized representative of a member

Typed or printed name of signee

Typed or printed name of signee