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COVER LETTER

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TO: Registration Section Division of Corporations

SUBJECT: Omega Watt Electric Services, LLC

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:

James Cormany

Name of Person				
Omega Watt Electric Services, LLC				
		Firm/Company		
8996 90th	Way			
		Address		
Seminole.	FL 33777			
		City/State and Zip Code		
mes@on	-		ification)	
rning this	matter, please ca	i 11:		
		727 831-8398		
son		Area Code Daytir	ne Telephone Number	<u> </u>
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		\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate Certified C	of Status &
<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Division of Co The Centre of 2415 N. Monro	rporations Fallahassee be Street, Suite 810	0
	syg6 90th Seminole mes@om rning this on llowing a l \$30.00 I Certifi On orations	Seminole, FL 33777 mes@omegawattelectric.c E-mail address: () rning this matter, please ca ion flowing amount: 1 \$30.00 Filing Fee & Certificate of Status on prations	Omega Watt Electric Services, LLC Firm/Company 8996 90th Way Address Seminole FL 33777 City/State and Zip Code mes@omegawattelectric.com E-mail address: (to be used for future annual report not rning this matter, please call: att (727) son Ilowing amount: 1 \$30.00 Filing Fee & Certificate of Status Certificate of Status Street Address: Registration Se Division of Co The Centre of 72314	Omega Watt Electric Services, LLC Firm/Company 8996 90th Way Address Seminole FL 33777 City/State and Zip Code mes@on egawattelectric.com E-mail address: (to be used for future annual report notification) rning this matter, please call: at (727) Area Code Daytime Telephone Number Non at (727) Area Code Daytime Telephone Number Ilowing amount: 1530.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Certificate of Status Certified Copy (additional copy is enclosed) Certificate of Status Street Address: (additional copy is enclosed) Gentified Copy (additional copy is enclosed) On prations

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Omega Watt Electric Services, LLC

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

The Articles of Organization for thi	s Limited Liability Company were filed on <u>02/02/2022</u>	_ and assigned
Florida document number 1.220000		

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 "LLC"

Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 8996 90th Way

Semnole, FL 33777

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> <u>agent and/or the new registered office address here</u>:

Name of New Registered	Agent: Jan	tes Cormany				2(
New Registered Office Ad	-	90th Way			「一方	22 00	 1
· · · · · · · · · · · · · · · · · · ·	<u></u>		Enter Florida street ad	dress		12	
	Sen	ninole		Florida	33777	12 12	
			City		Zip	(क्रिये	
<u>New Registered Agent's Signature, i</u>	f changing Registe	ered Agent:			5 02 02 2	ş	أحسب

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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	Patrikios Papasavas	5944 9th Ave N	🗆 Add
		St Petersburg, FL 33710	
			□ Change
			🗆 Add
			□ Change
			🗆 Add
			🖾 Remove
			□Change
			🗆 🗠 🗠 🗠
			🗆 Remove
			🖸 Add
			🗆 Remove
			□Change
			⊡∧dd
			□Remove
			🗔 Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: _______(optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) 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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

October Dated	20			\bigcirc	
		Signature of a member or			
Jam	es Co r many			a memoer	
		Typed or r	printed name of signee		