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COVER LETTER

TO:

Registration Section

Divi	ision of Cor	porations		
	Organized l	Management Group LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The englosed	Articlae of	Amendment and fee(s) are sub	unitted for filing	
The enclosed	Afficies of	Amendment and rec(s) are sub	minuca for fining.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Kevonn Dacres		
			Name of Person	
		Organized Management G	roup	
			Firm/Company	
		5449 Benchmark Ln Unit	165	
			Address	
		Sanford Fl 32773		
			City/State and Zip Code	
		Organizedmanagementgrou		
		E-mail address: (to be used for future annual report no	tification)
For further in	formation c	oncerning this matter, please co	all:	
Kevonn Dacı	res		407 900 7471 at ()	
	Name o	f Person		me Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	iling 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)
	ling Addres		Street Address: Registration S	ection
_		orporations	Division of Co	
P.O	. Box 632	7	The Centre of	Tallahassee
Tall	lahassee, I	EL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Organized Management Group LLC

(<u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appears on our re ed Liability Company)	cords.)	
The Articles of Organization for this Limited Liability Compa	my were filed on 03/24/2022		_ and assigned
	my were fried on		and assigned
Florida document number 1.22000144700			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	iability company here:		
OMG AUTO LLC			
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation	'LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>		
		- : : : : : : : : : : : : : : : : : : :	022
		:	₹ TI
Enter many modifies address if applicables		· .	-3
Enter new mailing address, if applicable:		 	
(Mailing address MAY BE A POST OFFICE BOX)			
			<u>ي</u>
		777	~
B. If amending the registered agent and/or registered officagent and/or the new registered office address here:	ce address on our records, <u>e</u> i	<u>iter the nam</u>	e of the new registered
Name of New Registered Agent:		-	
New Registered Office Address:			
- Televice of the Hamely.	Enter Florida street a	ddress	
		, Florida	
	City	, i iorida	Zip Code
New Registered Agent's Signature, if changing Registered Age	nt:		
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and complaceept the obligations of my position as registered agent a being filed to merely reflect a change in the registered off company has been notified in writing of this change.	- agree to act in this capacity. ete performance of my dutie. as provided for in Chapter 6	s, and I am f 05, F.S. Or,	amiliar with and 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>	<u>Address</u>	Type of Action
MGR	Fitzroy Dacres	2109 Bristol Grande Way	≣Add
		Orlando Fl 32820	□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
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			□Remove
			□Change
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			□Remove
			□Change

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F ffect	ve date if other than the date of filing: (optional)
Note:	ve date, if other than the date of filing:
e recor rd is fi	d 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 ed.
Dated	April 26 . 2022.
	Signature of a member or authorized representative of a member