

L22 000 33 5398

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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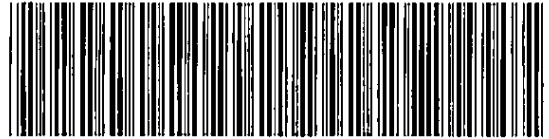
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. RIVERS

APR 19 2023

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: OMNI PROTECTION 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:

JESSICA J VALENTINI

Name of Person

OMNI PROTECTION SERVICES LLC

Firm/Company

11385 SW DISCOVERY WAY APT 307

Address

PORT ST LUCIE, FL 34987

City/State and Zip Code

LUIS@OMNISFINEST.COM

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

For further information concerning this matter, please call:

PORT ST LUCIE, FL 34987

561 534-8081

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**

OMNI PROTECTION SERVICES LLC

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

The Articles of Organization for this Limited Liability Company were filed on 07/29/2022 and assigned
Florida document number L22000335398.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

OMNI PROFESSIONAL SECURITY LLC

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:

(Principal office address MUST BE A STREET ADDRESS)

502 SW DAILEY AVENUE

PORT ST. LUCIE, FL 34953

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

502 SW DAILEY AVENUE	PORT ST. LUCIE, FL 34953	2023 FEB 17 AM 11:19	FILED

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

City, Florida *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

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

[illegible]

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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)

Dated FEBRUARY 3 2023

Signature of a member or authorized representative of a member

Typed or printed name of signee