

L23000291714

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

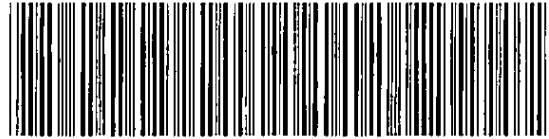
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300410942663

06/23/23--01032--009 **35.00

FILED
2023 JUN 23 AM 10:59
CLERK OF SUPERIOR COURT
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 14, 2023

KIMBERLY STATON
OMNI OPTIMAL LLC
7686 DEBEAUBIEN DRIVE
ORLANDO, FL 32835 US

SUBJECT: OMNI OPTIMAL LLC
Ref. Number: L23000291714

We have received your document for OMNI OPTIMAL LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Antoinette A Gonzalez
Regulatory Specialist II

Letter Number: 523A00018554

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TALLAHASSEE
FLORIDA
STATE DEPARTMENT OF
CORPORATIONS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OMNI OPTIMAL 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

KIMBERLY STATON

Name of Person

OMNI OPTIMAL LLC

Firm/Company

7686 DEBEAUBIEN DRIVE

Address

ORLANDO, FL 32835

City/State and Zip Code

KLSTATON12@gmail.com

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

For further information concerning this matter, please call:

KIMBERLY STATON

Name of Person

410 802-2662

at ()

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 OPTIMAL 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 06/16/2023 and assigned
Florida document number 123000291714

This amendment is submitted to amend the following:

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

N/A

(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: N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: N/A

(Mailing address MAY BE A POST OFFICE BOX)

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:

KIMBERLY STATON

New Registered Office Address:

7686 DEBEAURIEN DRIVE

(Enter Florida street address)

ORLANDO

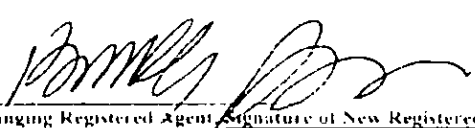
City

Florida 32835

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

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CLERK OF CIRCUIT COURT
TALLAHASSEE, FL

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>	<u>Type of Action</u>
N/A			Add
			Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change

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 STATE OF FLORIDA
 TALLAHASSEE, FL

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

N/A

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2023 JUN 23 AM 10:59

STATE OF FLORIDA
TALLAHASSEE, FL

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 605.020(1)(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.

Dated

6/19/2023

Signature



Kimberly Staton

(Typed or printed name of person signing)

AMBR

(Title of person signing)