

Division of Corporations Fax Number : (850)617-6383

From:

Account Name	:	REGISTERED AGENTS INC.
Account Number	:	I 2009000081
Phone	:	(307)200-2803
Fax Number	:	(813)436-5206

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DM CAPITAL CONSULTING LLC

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## ARTICLES OF AMENDMENT TO

## ARTICLES OF ORGANIZATION

OF

OM CAPITAL CONSULTING LLC		
( <u>Name of the Limited Liability</u> ( <u>A Florida</u> 1	Company as it now appears on our smitted Liability Company)	rrecords.)
The Articles of Organization for this Limited Liability Co	mpany were filed on	and assigned
Florida document number L23000401352	-	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Lumite	ed Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE		
		- <u>La dana Juan</u> a
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·
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	<i>a</i> - 11 1	
B. If amending the registered agent and/or registered e agent and/or the new registered office address here:	office address on our records.	enter the name of the new-registere
		· <del>ري</del> ۲
Name of New Registered Agent:		ណ្
New Registered Office Address:		4
Active Registered White Participas	Enter Florida stree	t 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. Thereby confirm that the limited liability company has been notified in writing of this change.

9/7/2023 11:13 28 PDT · To: 18506176383 Page 3/4 From Registered Agents Inc Fax: 2083295246 If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added</u> or removed from our records: MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	David, Moshe	501 Whitehead SI Apt 3	ZAdd
		Key West, FL 33040-0000	🖸 Remove
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		• • •	ƏAdd
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			🗆 Remove

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

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 September 7	. 2023	
	Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member	
	Nat Smith	
	lyped or printed name of signee	

Filing Fee: \$25.00