L23000 454 367

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11/27/23--01038--015 **25.00

COVER LETTER

Div	ision of Cor	porations					
SUBJECT:	O-MATIK	GROUP LLC					
00201		Name of Lim	ited Liability Company				
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return	all correspo	ndence concerning this matter	to the following:				
		Stephanie Goebel					
			Name of Person				
		ZenBusiness Inc.					
Firm/Company							
		5511 Parkcrest Drive, Ste.	103				
		Austin, TX 78731		æ. 			
			City/State and Zip Code				
		fulfillment@zenbusiness.co	om				
		E-mail address: (to be used for future annual report notific	cation)			
For further ir	nformation co	oncerning this matter, please ca	alt:				
Stephanie Goebel c/o ZenBusiness Inc.			844 493-6249 at ()				
	Name of	Person		Felephone Number			
Enclosed is a	check for th	e 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)			

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

O-MATIK GROUP LLC		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records. a Limited Liability Company))
The Articles of Organization for this Limited Liability Colorida document number 1.23000454367		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited 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 ADDI	RESS)	•
		,
Enter new mailing address, if applicable:		ည
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered agent and/or the new registered office add		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Emer vioriaa sireet aauress	
		rida
	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. 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Marco A Salmon	2829 Bird Avenue Ste 5 PMB 1165	■ Add
		Miami, FL 33133-4607	□ Remove
			☐ Change
 			
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ffective date an effective date ocument's effe	te inserted in	this block doe	s not meet th	e applicab	date of filing le statutory	or more than	i 90 days af	tional) ter tiling.) P his date wi	ursuant to 605.0: Il not be listed
		layed effec e record is		but not	an effecti	ve time,	at 12:01	a.m. on	the earlier
nted Novemb	er 21		202	:3	. •				
	1arco A Salr								
		Signatu	re of a membe	r or authori	red represen	tative of a me	ember		

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Filing Fee: \$25.00