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COVER LETTER

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CHDIECT	OMNI BUI			
SUBJECT	:		nited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retu	ırn all correspo	ondence concerning this matter	to the following:	
		GIOTIS, MARIOS		
			Name of Person	
		OMNEBULK LLC		
			Firm/Company	
		924 N Magnolia AveSuite	202Unit #5035	
			Address	
		Orlando, FL 32803		
- :			City/State and Zip Code	
		marios@athlosms.com		
			to be used for future annual report noti	fication)
For further	information c	concerning this matter, please c	all:	
GIOTIS, N	MARIOS		786 397 - 4093 at ()	
	Name o	d'Person	Area Code Daytim	e Telephone Number
Enclosed is	s a check for th	he 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)
	lailing Addres		Street Address: Registration Sec	ction
D	ivision of C	Corporations	Division of Cor	porations
	O. Box 632		The Centre of T	
l	allahassee. I	r レ 343 1 4	Z415 N. MONTO	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OMNEBULK LLC

FILED

(Name of the Limited Liability Company as it now appears of the Limited Liability Company)

AH 10: 28 The Articles of Organization for this Limited Liability Company were filed on HILLAHASSEE, FI Florida document number <u>1.23000519830</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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: GIOTIS, MARIOS Name of New Registered Agent: New Registered Office Address: Enter Florida street address ___. Florida _____ Zip Code City

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
MGR	VLACHOGEORGOS, MARIOS	2040 Jewell Ave #1 Winter Park, FL 32789	🗆 Add
			≡ Remove
			□Change
MGR	GIOTIS, MARIOS	2040 Jewell Ave #1 Winter Park, FL 32789	= Add
			□Remove
			□Change
·			□Add
			□Remove
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l ffectiv f an effe	ve date, if other the	nan the date of fi	iling: c and cannot be prior	to date of filing or n	optio (optio	onal) filing.) Pursuant to 605.02
Note: 1	If the date inserted in ent's effective date o	n this block does n	iot meet the applic	able statutory filir	ng requirements, this	date will not be listed
		effective date, but	not an effective t	ime, at 12:01 a.m.	on the earlier of: (b)	The 90th day after th
d is file						
	1/6		2024	·		
	1/6			·		
rd is file Dated _	1/6			orized representative	e of a member	

Filing Fee: \$25.00