1021

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Name)	
(D	ocument Number)	
entified Copies	Certificates of	of Status
Special Instructions to Fil	ing Officer:	

Office Use Only



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RECEIVED

COVER LETTER

Registration Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

TO:

SUBJECT: Omega Air	Services LLC		
	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub	•	
•	Ü	, and the second	
	Melissa Mathis		
		Name of Person	
	Omega Air Services LLC		
		Firm/Company	
	4603 Barracuda Dr		
		Address	
	Bradenton, FL 34208		
		City/State and Zip Code	
	missy@omegaairservices.co	om to be used for future annual report notific	cation
For further information c	oncerning this matter, please c	-	outon)
John Mathis		21 (214) 509-9761	
	f Person	aı (Telephone Number
Enclosed is a check for the	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)
Mailing Addres Registration S		Street Address: Registration Sect	tion
Division of C		Division of Corp	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION OF**

Omega Air Services LLC	
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.)
(**************************************	, , , , , , , , , , , , , , , , , , ,
The Articles of Organization for this Limited Liability Company w	vere filed on December 22, 2023 and assigned
Florida document number L24000001021	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ty company here:
Omega Air Services Florida LLC	
he new name must be distinguishable and contain the words "Limited Liability	y 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)	
	Total Total
	88 7 <u></u>
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
	π. •
	ldress on our records, <u>enter the name of the new regist</u>
	Idress on our records, enter the name of the new regist
gent and/or the new registered office address here:	•
Name of New Registered Agent:	Idress on our records, enter the name of the new register. Enter Florida street address
	•

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>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
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If an effe Note: I	date, if other than the date of filing:	0207 d as
e record rd is file	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
Dated -	nuary 17 , 2024	
	Carl man	
	Signature of a member or authorized representative of a member	