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07/29/24--01022--015 **25.00



COVER LETTER

OMGP SER'	VICES LLC	·		
SUBJECT.	Name of Limite	ed Liability Company		
The enclosed Articles of A	mendment and fee(s) are subm	nitted for filing.		
Please return all correspon	dence concerning this matter to	the following:		
	ORLEAN GOMEZ			
		Name of Person		
	OMGP SERVICES LLC			
		Firm/Company		
	11940 SW 13 TH ST			
		Address		
	MIAMI FL 33184			
		City/State and Zip Code		
	ORLEANGOMEZ92@GMA			
	E-mail address: (to	be used for future annual	l report notification)
For further information co	ncerning this matter, please cal	11:		
ORLEAN GOMEZ			5 5588	
Name of	Person	Area Code	Daytime Telepl	none Number
Enclosed is a check for the	e following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is en		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

Registration Section

Division of Corporations

TO:

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

and assigned
and assigned
n "LLC" or the abbreviation "L.L.C."
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enter the name of the new regis
address
, Florida

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 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being ador removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	ORLEAN GOMEZ	11940 SW 13 TH ST MIAMI FL 33184	= Add
			□Remove
			□Change
			□Add
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			Remove
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			□ Change

□Remove

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ective date, if oth	i, the date must be	specific and ca	nnot be prior	to date of fi	ling or more th	an 90 days afte	er filing.) Pursu	ant to 605.0
te: If the date inser nument's effective of					ory filing req	uirements, th	us date will n	ot be listed
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cord specifies a del	ayed effective d	ate, but not an	effective ti	me, at 12:6)1 a.m. on th	e earlier of: (b) The 90th	day after
s filed.								·
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