

# L24 000206200

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

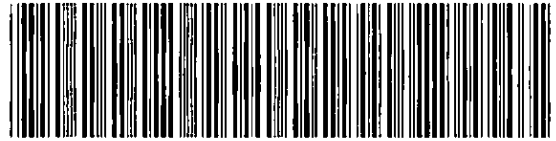
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500437464085

10/02/24--01025--012 \*\*25.00

FILED  
24 OCT -2 PM 3:56  
CLERK OF DISTRICT COURT  
JACKSONVILLE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: OMNI AUTO CENTER  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

EDUARDO TEIXEIRA  
Name of Person

OMNI AUTO CENTER  
Firm/Company

7005 KIWANO WAY  
Address

WINDERMERE, FL, 34786  
City/State and Zip Code

EFTTEIXEIRA@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EDUARDO TEIXEIRA at (407) 4536669  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 Address:  
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

OMNI AUTO CENTER

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 05/02/24 and assigned  
Florida document number L 24000206200.

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 "L.L.C."

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:

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

Enter Florida street address

City

Florida

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

CLERK OF STATE  
ALL CHARGES  
FLORIDA

24 OCT -2 PM 3:56

FILED

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>	<u>Type of Action</u>
AMBR	FLAVIO ALEXANDRE COSTA	3530 MYSTIC POINT DR	<input checked="" type="checkbox"/> Add
		APT 1410, AVENTURA, FL 33180	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MARCUS VINICIUS DE PINHO	2502 LAKE DEBRA DR APT 203	<input checked="" type="checkbox"/> Add
		ORLANDO, FL, 32835	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SINARA GUIMARAES E SILVA	2502 LAKE DEBRA DR APT 203	<input checked="" type="checkbox"/> Add
		ORLANDO, FL, 32835	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
/	/	/	<input type="checkbox"/> Add
		/	<input type="checkbox"/> Remove
		/	<input type="checkbox"/> Change
/	/	/	<input type="checkbox"/> Add
		/	<input type="checkbox"/> Remove
		/	<input type="checkbox"/> Change
/	/	/	<input type="checkbox"/> Add
		/	<input type="checkbox"/> Remove
		/	<input type="checkbox"/> Change

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

*(This area is crossed out with a diagonal line.)*

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

*(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 0207 (3)(b)*

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 25 2024

*(Handwritten signature)*

Signature of a member or authorized representative of a member

EDUARDO TEIXEIRA

Typed or printed name of signer

Filing Fee: \$25.00