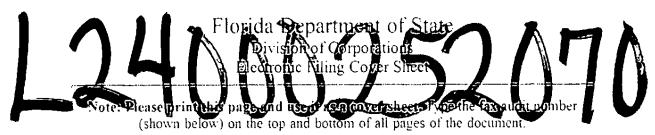
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Division of Corporations



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Electronic Filing Menu

Corporate Filing Menu

Help

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COVER LETTER

TO: Registration S Division of Co					
	ORMWORK DESIGN LLC				
SUBJECT:	Name of Limit	led Liability Company			
	Amendment and fee(s) are submondence concerning this matter to				
	Mike Town				
		Name of Person			
	Legalzoom.com, Inc.			: 2 (
		Firm/Company)24 æ	
	9900 Spectrum Dr			(V Z	
	Austin, TX 78717	Address		2024 NOV 26 PM 4: 38 DESTRATE HASSEE, FL	Fees Come San
	mjjensen007@gmail.com	City/State and Zip Code		4: 38 5 TATE 5 FL	¥.
	E-mail address (to	be used for future annual report notifi-	canoni		
For further information of	concerning this matter, please cal	Ü-			
Mike Town		800 773-0888 at ()			
Name (n Person	Area Code Daytime	Telephone Number		
Enclosed is a cheek for t	he following amount:				
S25.00 Filing Fee	□ \$30 00 Filing Fee & Certificate of Status	S\$5.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	e of Status &	
	.ING ADDRESS:	STREET/COURIE Registration Section			

Division of Corporations P.O. Box 6327 Taltahassee, FL 32314

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

To: . Page: 34 of 51 2024-11-25 16:10:04 PST 13236068205 From: Rajiv Srivastava

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OMEGA FORMWORK DESIGN LLC		
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records Liability Company)	<u>5.)</u>
The Articles of Organization for this Limited Liability Company Florida document number 1.24000252070	were filed on 06/03/2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	hty Company." the designation "LLC	
Enter new principal offices address, if applicable:	220 Walkers Point Di	2024 NO
(Principal office address MUST BE A STREET ADDRESS)	Auburndale, FL 33823	-: 8
		I. N
		3 3 M
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		rn 🚥
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		s. enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Cay	orida

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

☐ Change

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MGR = Manager

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

AMBR = A	Authorized Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
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