

L24000281765

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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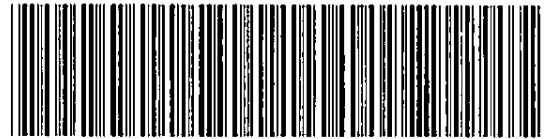
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: OMNI SERVICES SOLUTION FLORIDA LLC

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:

ELAINA MARQUES

Name of Person

KAIROS CONSULTING & SERVICES LLC

Firm/Company

1930 PEAK CIR 100

Address

APOPKA

City/State and Zip Code

kcs.kairos@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ELAINA MARQUES

321 263-8243
at ()
Area Code Daytime Telephone Number

Name of Person

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

2021 DEC -6 PM 2:57

FILED

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

OMNI SERVICES SOLUTION FLORIDA LLC

(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 06/21/2024 and assigned
Florida document number L24000281765.

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)

12850 SADDLE CLUB CIR #202

TAMPA, FL 33635-9700

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

12850 SADDLE CLUB CIR #202

TAMPA, FL 33635-9700

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:

12850 SADDLE CLUB CIR #202

Enter Florida street address

TAMPA

City

Florida

33635-9700

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

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	ALEXANDRE JOSE GOMES DE	ESTRADA DOS BANDEIRANTES, 6953 AP 201	<input type="checkbox"/> Add
		RIO DE JANEIRO, RJ 22780-085 BR	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	FABIANA C BIONI M DE CASTI	ESTRADA DOS BANDEIRANTES, 6953 AP 201	<input type="checkbox"/> Add
		RIO DE JANEIRO, RJ 22780-085 BR	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MARIANA BIONI DE CASTRO	ESTRADA DOS BANDEIRANTES, 6953 AP 201	<input type="checkbox"/> Add
		RIO DE JANEIRO, RJ 22780-085 BR	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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FILED
2024 DEC -6 PM 2:57
CLERK OF DISTRICT COURT
TALLAHASSEE, FL
70
(Official)
Pursuant to 605.0207 (3)(b)

Dated November 29, 2024

JOAO VICTOR BIONI CARVALHO

Filing Fee: \$25.00