## 124000355253

(F	Requestor's Name)
( <i>f</i>	Address)
(F	Address)
(0	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
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(0	Document Number)
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## **COVER LETTER**

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
SUBJECT: Omnispire 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:
the solution will correspondence concerning this matter to the following.
Drnitriy Lysenko Name of Person
Omnisoise
Firm/Company
200 Leslie Dr. Apt 525
Hallandale Beach, FL 33009
Lysenkol) GHotmail. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
1) m. fr. 1 1/50 = Vm (750 = 2/4 = 4700)
July Code Trainer
Name of Person Area Code Daytime Telephone Number  Enclosed is a check for the following amount:
S25.00 Filing Fee \$\ \$30.00 Filing Fee & Certificate of Status \$\ Certificate of Status \$\ (additional copy is enclosed)\$\$  \$\
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp	Anv as it now appears on our records.) Liability Company)		
(A Florida Limited	Liability Company)		
The Articles of Organization for this Limited Liability Company	y were filed on $\frac{08/12/29}{\text{and assigned}}$ and assigned		
Florida document number <u>L24000355253</u> .	,		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	bility company here:		
The new name must be distinguishable and contain the words "Limited Liab	offity 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)	<u> </u>		
	15.		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
	`		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new register		
Name of New Registered Agent:			
New Registerea Office Address:	Enter Florida street address		
	, Florida		
	City Zip Code		
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>		
I hereby accept the appointment as registered agent and agrovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is		

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>	Address	Type of Action
MGR	Dmitry Lysenko	200 Leslie Dr.	□Add
	, ,	Apt 525 Hallandale Beach, FL 330	□Remove
		Hallandale Beach, FL 330	Change
			□ Add
			□Remove
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ective date, if other than effective date is listed, the date	must be specific and cannot be	prior to date of filing or mo	<b> (option</b> re than 90 days after f	iling.) Pursuant to 605.03
	is block does not meet the ap the Department of State's rect		requirements, this	date will not be listed
cord specifies a delayed effe s filed.	ective date, but not an effecti	ve time, at 12:01 a.m. o	n the earlier of: (b)	The 90th day after the
	\ <b>a</b>			
ed <u>Septem</u> t	<u>ser 10, 201</u>	<u> 24</u> .		
	Cianatura of a manufacture	authorized representative of	d'a member	<del></del>