

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

M2400009544

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(((H24000280588 3)))



H240002805883ABC4

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To:
 Division of Corporations
 Fax Number : (850)617-6383

From:
 Account Name : CAPITOL SERVICES, INC.
 Account Number : I20160000017
 Phone : (855)498-5500
 Fax Number : (800)432-3622

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

2024 AUG 21 PM 4:08

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
OMEGA INVESTORS GROUP, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

M. SOLOMON

AUG 21 2024

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STATE OF FLORIDA
 DIVISION OF CORPORATIONS

COVER LETTER

H24000280588

TO: Registration Section
Division of Corporations

SUBJECT: OMEGA INVESTORS GROUP, LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALBERTO N. MORIS

Name of Person

MORIS & ASSOCIATES

Firm/Company

3650 NW 82nd AVENUE, SUITE 401

Address

DORAL, FL 33166

City/State and Zip Code

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

For further information concerning this matter, please call:

ALBERTO N. MORIS

at (305) 559-1600

Name of Person

Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

H24000280588

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: OMEGA INVESTORS GROUP, LLC

Enter new principal office 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)

2. The Florida document number of this limited liability company is: M24000009544

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: 07/24/2024

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer 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

_____, Florida _____
City 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

SECRETARY OF STATE
AT TALLAHASSEE, FLORIDA

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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: H24000280588

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	SEBASTIEN SCEMLA	822 NE 125 ST., STE 100	<input type="checkbox"/> Add
		MIAMI, FL 33161	<input checked="" type="checkbox"/> Remove
MGR	SHAWN CHEMTOV	822 NE 125 ST., STE 100	<input type="checkbox"/> Add
		MIAMI, FL 33161	<input checked="" type="checkbox"/> Remove
MGR	JUAN C LAGO	822 NE 125 ST., STE 100	<input type="checkbox"/> Add
		MIAMI, FL 33161	<input checked="" type="checkbox"/> Remove
MGRM	Omega Investors Mez Group, LLC	8 THE GREEN, STE A,	<input checked="" type="checkbox"/> Add
		DOVER, DE 19901	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the
aforementioned amendment(s), duly authenticated by the official having custody of records in the
jurisdiction under the law of which this entity is organized.

Signature of the authorized representative

JOHN LAGO

Typed or printed name of signee

Filing Fee: \$25.00

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