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(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
(City) Casta 2.F/ Hollo //
PICK-UP WAIT MAIL
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(Document Number)
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J. SAULSBERRY EXAMINER AUG 15 2013

COVER LETTER

Division of Corpo	rations		
SUBJECT: EO	S INVERSI	ONES Y NEGOCIA	OS, LLC.
	Name of Limit	ted Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	MARITZA	ARALITO	
	MARITZA	Name of Person	
			OS LLC.
		SIONES Y NEGOCIA	
		59. th. 5t, #404	
	0.7077	Address	
	BOCA RAT	ON FL. 33496 City/State and Zip Code	
		City/State and Zip Code	
	MARITZA RA	O be used for future annual report notification	CON
	E-mail address: (t	to be used for future annual report notification	on) ~
For further information con	cerning this matter, please c	all:	3 7 2 Ephone Number
MARITZI	ARAUJO	at (305) 9057. Area Code & Daytime Tel	372
Name of P	erson	Area Code & Daytime Tel	lephone Number
•			77.
Enclosed is a check for the	following amount:		73AE 0
\$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:

TO: Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited L	iability Company as it nov lorida Limited Liability Co	w appears on our recompany)	cords.)	
The Articles of Organization for this Limited Liab Florida document number <u>L/300002</u> /	oility Company were filed			ssignea
A. If amending name, enter the new name of t		any here:		
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liabilit			
Enter new principal offices address, if applical	ole:			
(Principal office address MUST BE A STREET	ADDRESS)		2813 AUG	<u> </u>
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE B	<u>ox)</u>	,	<u>, 1887 </u>	;
B. If amending the registered agent and/or registered agent and/or the new registered officiants of New Registered Agent: New Registered Office Address:	· ·			
,				
	BOCA RATO	, ř	Zip Co	de

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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGR	AIRES ANTONIO	AV. MERIDA QTA HACANILL	AC Add
		URB. LAS PALMAS	Remove
		CARACAS DC 1050 VZ	_
			Remove
			Add
			Remove
			2013 1/UG
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			m j =
			_ 6 0 €.
			_ L Add
			Remove
			-
			Add
			Remove

ii am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
•	
ted	1605TO 12, 2013
	Yacita Arays
	MARITZA ARAUTO

Page 3 of 3

Filing Fee: \$25.00

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