

216000004437

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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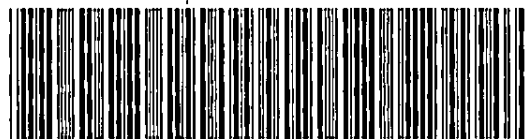
(Business Entity Name)

(Document Number)

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2017 NOV 27 AM 11:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2017 NOV 27 PM 5:51

K. SALY  
NOV 29 2017

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** OSHER EXE GROUP, 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:

JOSE ENRIQUE RAMIREZ SILVA

\_\_\_\_\_  
Name of Person

OSHER EXE GROUP, LLC

\_\_\_\_\_  
Firm/Company

7900 NW 3RD ST BLDG 15 APT 103

\_\_\_\_\_  
Address

PEMBROKE PINES, FL 33024

\_\_\_\_\_  
City/State and Zip Code

JHADES29@GMAIL.COM

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

For further information concerning this matter, please call:

JOSE ENRIQUE RAMIREZ SILVA

954

3913054

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

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/COURIER ADDRESS:**

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

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TALLAHASSEE, FLORIDA

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**(Mailing address MAY BE A POST OFFICE BOX)**

\_\_\_\_\_, **Florida**  
*City* *Zip Code*

Page 1 of 3

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>
MGR	CAROLINA CONTRERAS	7900 NW 3RD ST	<input type="checkbox"/> Add
		BLDG 15 APT 103	<input checked="" type="checkbox"/> Remove
		PEMBROKE PINES, FL 33024	<input type="checkbox"/> Change
MGR	MARISELA RONDAN	7900 NW 3RD ST	<input type="checkbox"/> Add
		BLDG 15 APT 103	<input checked="" type="checkbox"/> Remove
		PEMBROKE PINES, FL 33024	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated NOVEMBER 18, 2017

Signature of a member or authorized representative of a member

JOSE ENRIQUE RAMIREZ SILVA

Typed or printed name of signer