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**EXAMINER** 



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SECRETARY OF STATE
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: OSping Investments, 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:	
Jack Osping Name of Person	
Ospins Invotments ((( Firm/Company	
6850 SW 19 St. Address	
Migmi, FC 33155  City/State and Zip Code  JREALTY INCOAOC, COM  E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person at (305) 815-8384  Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$\$ Certificate of Status \$\ \text{Cadditional copy is enclosed}\$\$\$ Certified Copy (additional copy is enclosed)\$\$\$ Certified Copy (additional copy is enclosed)\$\$\$ \$60.00 Filing Fee, \$\$\$ Certified Copy (additional copy is enclosed)\$\$\$	d)

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

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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

Ospins Investm	ents. LLC
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company w	<b>.</b>
riorida document number <u>20700077767</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	ity company here:
BELLA CITY HOMES	446
The new name must be distinguishable and end with the words "Limite" L.L.C."	-
Enter new principal offices address, if applicable:	6890 SW 19 St Miami, FC 33155
(Principal office address MUST BE A STREET ADDRESS)	Miami, FC 33155
	7 Sc <b>3</b>
	NOV CRET AHA
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	SO STATES
	77
D. If we have the second of th	ORII
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	ce address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zin 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 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member **Title** <u>Name</u> Address **Type of Action** ☐ Add Z Remove MGR 4-Remove ☐ Add Z Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Choose to withdraw members "Bella City Homes, LCC Dated November Signature of a member or authorized representative of a member Typed of printed name of signee

Page 2 of 2

Filing Fee: \$25.00