

L080000/8422

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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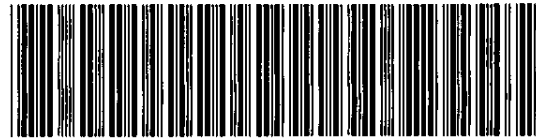
(Business Entity Name)

(Document Number)

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D. BRUCE

NOV 01 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OSEE SERVICES 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:

RAJA SHEKHAR

Name of Person

Firm/Company

1034 HIGH MEADOW DR

Address

TALLAHASSEE, FL - 32311-1217

City/State and Zip Code

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

For further information concerning this matter, please call:

RAJA SHEKHAR

Name of Person

at (850) 219-8887

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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

OSCE SERVICES LLC

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

The Articles of Organization for this Limited Liability Company were filed on 02/20/2008 and assigned Florida document number L08000018422

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

ORCA GROUP LLC

The new name must be distinguishable and end with the words "Limited Liability 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)

1034 HIGH MEADOW DR
TALLAHASSEE, FL - 32311-1217

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. BOX 3382
TALLAHASSEE, FL - 32315-3382

B. If amending the registered agent and/or registered office 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:

RAJA SHEKHAR

New Registered Office Address:

1034 HIGH MEADOW DR

Enter Florida street address

TALLAHASSEE

, Florida

City

32311-1217

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 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.

K. S. Raja Shekhar

If Changing Registered Agent, Signature of New Registered Agent

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TALLAHASSEE, FLORIDA

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>CEO</u>	<u>RAJA SHEKHAR</u>	<u>1034 HIGH MEADOW DR</u> <u>TALLAHASSEE, FL-32311</u> <u>-1217</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated 11/01/2012, _____

K. S. Raja Shekhar

Signature of a member or authorized representative of a member

RAJA SHEKHAR

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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