

LD8000183047

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

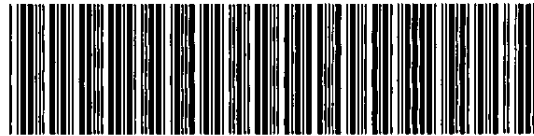
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2011 JAN 21 PM 12:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
JAN 24 2011
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Osmar Block & Stucco, 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:

Marleydis Nunez

Name of Person

Osmar Party Rentals LLC

Firm/Company

2311 W. Abdella St.

Address

Tampa, FL 33607

City/State and Zip Code

ari123@verizon.net

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

For further information concerning this matter, please call:

Marleydis Nunez

Name of Person

at (813)

441-2199

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

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

FILED

2011 JAN 21 PM 12:34

Osmar Block & Stucco, LLC

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 11/03/2008 and assigned
Florida document number L08000103047

This amendment is submitted to amend the following:

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

Osmar Party Rentals 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:

2311 W. Abdella St.

(Principal office address MUST BE A STREET ADDRESS)

Tampa, FL 33607

Enter new mailing address, if applicable:

2311 W. Abdella St.

(Mailing address MAY BE A POST OFFICE BOX)

Tampa, FL 33607

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:

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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Francisco Osorio</u>	<u>3403 W. Pine St.</u> <u>Tampa FL 33607</u>	<input type="checkbox"/> Add <input checked="" 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.)

Mailing address for both partners should be:

2311 W. Abdella St.

Tampa, FL 33607

Dated January 17, 2011


Signature of a member or authorized representative of a member

Marleydis Nunez

Typed or printed name of signee

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TALLAHASSEE, FLORIDA