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D. BRUCE

MAY 30 2012

EXAMINER

COVER LETTER

Registration Section

· TO:

Division of Co	rporations		
SUBJECT:	Osmar P	arty Rentals LLC	
	······································	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
		Marleydis Nunez	
		Name of Person	
	Osmar Block & Stucco LLC		
		Firm/Company	
	4502 W. Sligh Avenue		
		Address	Acc 7
•		Tampa,Fl. 33614	CARET
		City/State and Zip Code	SS N
	E-mail address: (ari123@verizon.net to be used for future annual report notification	
For further information	concerning this matter, please of	call:	F STATE
L	uis A. Perez	at (813) 842	2-5991
Name	of Person	Area Code & Daytime Te	
Enclosed is a check for t	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 Registration Section Division of Corporation	
		Clifton Building 2661 Executive Center	Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Os	mar Party Rentals LLC	;		
(<u>Name of the Limited I</u> (A F	iability Company as it now apper forida Limited Liability Company	ars on our records.)		
The Articles of Organization for this Limited Lia	bility Company were filed on	11/03/2008	and assigned	
Florida document number L080001030)47			
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liability company he	ere:		
Os	mar Block & Stucco LLC			
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Com	pany," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applical	ble:		<u> </u>	
(Principal office address MUST BE A STREET	ADDRESS)		<u> </u>	
		r J		
		Ž	12 12 12 12 12 12 12 12 12 12 12 12 12 1	
Enter new mailing address, if applicable:		٦	AR G	
(Mailing address MAY BE A POST OFFICE B	<u> </u>		유 윤 후에	
		, C	<u> </u>	
		Ž		
B. If amending the registered agent and/or		our records, enter th	e name of the new	
registered agent and/or the new registered offi	<u>ce address here</u> :			
Name of New Registered Agent:	Luis A. Perez			
New Registered Office Address:	8101 N. Albany Avenue			
	Enter Florida street address			
	Tampa	, Florida	33604-3826	
	City		Zip Code	
New Registered Agent's Signature, if changing Re	gistered 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.

II Changing Registered Agent, Signature of New Registered Agent

Page 1 of 2

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 = Ma MGRM = N	nager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
	- ABII - A		Add Remove
			AddRemove
			Add Remove
			Add Remove
D. If amend	ding any other information, enter change	e(s) here: (Attach additional sheets, if necessar	MAY 29
			OF SHATE
Dated	May 23 , 20	12 Pr_	*****
	-	or authorized representative of a member Luis A. Perez or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00