L09000040540

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(Ad	dress)	,
(Ad	dress)	
(Cit	ty/State/Zip/Phone	#)
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T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Osceola Lofts, 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:

Jennifer Pearce

Name of Person

Oseola Lofts, LLC

Firm/Company

PO Box 2535

Address

Tallahassee, FL 32316

City/State and Zip Code

jennifer@shsweb.us

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

For further information concerning this matter, please call:

Jennifer Pearce

__850**580-000**0

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)

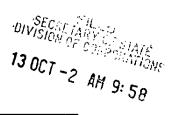
MAILING ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



OSCEOLA LOFTS, L LC

(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 Liabili	ty Company were filed on April 27, 2	2009 and assigned
Florida document number L0900040540		
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," the c	lesignation "LLC" or the abbreviation
Enter new principal offices address, if applicable	·	18. 48
(Principal office address MUST BE A STREET A)	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	0	rds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flori	da 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

Iramending 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>	Type of Action
MGRM	Jennifer Pearce	416 North Adams Street	Add
		Tallahassee, FL 32301	Remove
MGR	Jennifer Pearce	416 North Adams Street	t Add
		Tallahassee, FL 32301	Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove

D. If am	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
C	nntombor 20 0012
Dated 5	eptember 30
	Signature of a member or authorized representative of a member
	Jennifer Pearce Typed or printed name of signee
	Page 3 of 3

Page 3 of 3

Filing Fee: \$25.00