

L09000040540

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

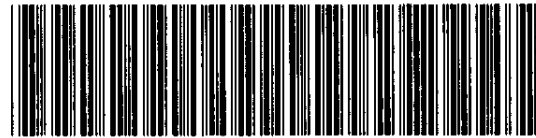
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
2013 OCT -2 PM 4:13
TO AGENCY USE
SUFFICIENCY OF FILING

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DIVISION OF CORPORATIONS
13 OCT -2 AM 9:58

OCT - 3 2013

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

Name of Person

at (**850**) **580-0000**

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

SECRETARY OF STATE
DIVISION OF CORPORATIONS
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(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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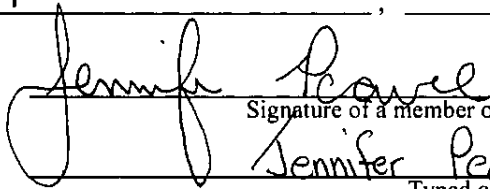
In amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Jennifer Pearce	416 North Adams Street	<input type="checkbox"/> Add
		Tallahassee, FL 32301	<input checked="" type="checkbox"/> Remove
MGR	Jennifer Pearce	416 North Adams Street	<input checked="" type="checkbox"/> Add
		Tallahassee, FL 32301	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

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

Dated September 30, 2013.



Signature of a member or authorized representative of a member

Jennifer Pearce

Typed or printed name of signee

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Filing Fee: \$25.00