~L09000096665

(Requestor's Name)			
(Address)			
(Address)			
(City/Chata 17th (Dhana 46)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
_			
A. LUNT			
NOV 1 6 2009			
* 0 5000			



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16/26/09--01038--011 **25.00



Office Use Only



October 28, 2009

MIRIAM PERL 3300 NE 191 STREET APT 1117 AVENTURA, FL 33180

SUBJECT: OSHERWAY MANGEMENT, LLC

Ref. Number: L09000096665

We have received your document for OSHERWAY MANGEMENT, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please state what the name should be.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Letter Number: 209A00034202

Agnes Lunt Regulatory Specialist II

COVER LETTER

SUBJECT:	Osherway Management LLC
	Name of Limited Liability Company
The enclosed Articles of	Amendment and fee(s) are submitted for filing.
Please return all correspondent	ondence concerning this matter to the following:
	Uleiau Peel Name of Person
	OSHERWAY MONAGEMENTLLC.
	3300 NE 191st Street. April 117.
	WENTURA, FL 33180 City/State and Zip Code
	E-mail address: (to be used for-future annual report notification)
For further information of	concerning this matter, please call:
<u> </u>	at (786) 985 · 360 · 55 . Area Code & Daytime Telephone Number
Enclosed is a check for t	the following amount: Diespoy pais wishiers check
2 \$25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Payment SENT in actorsee.

TO:. Registration Section
Division of Corporations

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

(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compa	any were filed on $\frac{10/7/09}{65}$, and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	ability company here:
The new name must be distinguishable and end with the words "L" L.L.C."	imited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SECOND 233
B. If amending the registered agent and/or registered registered agent and/or the new registered office address by	office address on our records, enter the name of the new nere:
Name of New Registered Agent:	Lizian PERI.
New Registered Office Address:	BROONE 191 Street , Apt 1117. Enter Florida street address
	VENTURA, Florida 33 180. 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = M MGRM =	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Add Remove
			Add
	<u> </u>		220 200 201 201 201 201 201 201 201 201
			6 6
			Remove 3
D. If amor	rding any other information, enter change	ge(s) here: (Attach additional sheets, if necessary.	Remove
D. II amei	_	E"Dante" spelling	
_	Due to	mispelling on	<u> </u>
	the word	"Management"	
Dated	\mathcal{L}	06. .	
		r or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00