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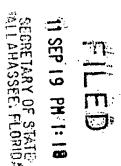
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J. BRYAN

SEP 2 0 2011

EXAMINER

COVER LETTER

Division of Co		,	
SUBJECT:	OSU Princi	oled Services, LLC	
		ted Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
		Rian Gittman	
		Name of Person	18 3 T
OS		SU Principled Services	ARE TO THE
		Firm/Company	SER ON IT
		5763 NW 69th Way	HASSEE, FLO
		Address	
	Parkland, FL 33067		
		City/State and Zip Code	
	UÇ E-mail address: (ggleedog@gmail.com to be used for future annual report notifica	ation)
For further information	concerning this matter, please of	call:	
	Rian Gittman	at ()	80-0252
Name	of Person	Area Code & Daytime	Felephone 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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	LING ADDRESS:	STREET/COURIE	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	OSU Principled Service	e, LLC	
(Name of th	e Limited Liability Company as it now (A Florida Limited Liability Cor	v appears on our records.)	
The Articles of Organization for this I			and assigned
	• • •	011 1May 0, 2011	and assigned
Florida document numberL1	1000054652		
This amendment is submitted to amen	d the following:		
A. If amending name, enter the new	v name of the limited liability comp	any here:	
The new name must be distinguishable a "L.L.C."	nd end with the words "Limited Liability	y Company," the designation	"LLC" or the abbreviation
Enter new principal offices address	, if applicable:		
(Principal office address MUST BE)	A STREET ADDRESS)		S T
Enter new mailing address, if applie	cable:		SERVICE DE LA COMPANIE DE LA COMPANI
(Mailing address MAY BE A POST			7.57
			750
B. If amending the registered ag registered agent and/or the new reg		ess on our records, <u>ente</u> r	r the name of the new
Name of New Registered As	gent:		
New Registered Office Add	ress:	E. A. Flant Jackson	Advana
		Enter Florida street a	vaaress
		, Florida _	7:- 0-1
	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>	Address	Type of Action
MGRM	Gustavo Flores	7560 Parkside Place Margate, FL 33063	Add Remove
			Add Remove
	· · · · · · · · · · · · · · · · · · ·		AddRemove
			Add Remove
			Add Remove
,	•		Add Remove
		er change(s) here: (Attach additional sheets, if necessors on record from uggleedog@aol.com to	ary.)
- - 	uggleedog@gmail.com	`	FILEL PH SECRETARY OF
Dated	September 13	, 2011	PH I: IS
	Rian Gi	member or authorized representative of a member Hman Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00