L110000 56441

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

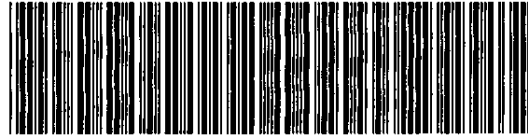☐ PICK-UP   ☐ WAIT   ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____   Certificates of Status _____

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **Osprey Medical Sebastian 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:

Cecilia M. Corrado
Name of Person

Corrado, LLC
Firm/Company

P.O. Box 33864
Address

Indialantic, FL 32909-0954
City/State and Zip Code

cececor@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cecilia M. Corrado   at (**321**)   **615 5560**
Name of Person   Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☑ $25.00 Filing Fee   ☐ $30.00 Filing Fee &   ☐ $55.00 Filing Fee &   ☐ $60.00 Filing Fee,
                              Certificate of Status   Certified Copy   Certificate of Status &
                                                            (additional copy is enclosed) 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

Osprey Medical Sebastian LLC

(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 Liability Company were filed on _____**May 12, 2011**_____ and assigned

Florida document number _____**L11000056441**_____ .

This amendment is submitted to amend the following:

A. If amending name, <u>enter the new name of the limited liability company here</u>:

_____

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: 903 Balmoral Way

(Principal office address MUST BE A STREET ADDRESS)   Melbourne, FL   32940 US

Enter new mailing address, if applicable: 903 Balmoral Way

(Mailing address MAY BE A POST OFFICE BOX)   Melbourne, FL 32940 US

B.   If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered agent and/or the new registered office address here</u>:

<u>Name of New Registered Agent</u>:   _____

<u>New Registered Office Address</u>:   _____

Enter Florida street address

_____, **Florida** _____

City   *Zip Code*

<u>New Registered Agent's Signature, if changing Registered Agent</u>:

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, <u>Signature of New Registered Agent</u>

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:**
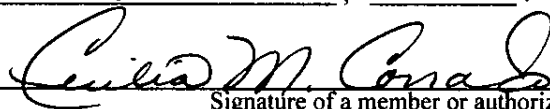
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Cecilia M. Corrado	1345 N. Hwy A1A, Unit 302 Indialantic, FL	☐ Add ☑ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

_____

_____

_____

_____

_____

SECRETARY OF STATE
TALLAHASSEE. FLORIDA
2011 JUL 13 AM 9: 10
FILED

Dated _____ May 13 _____ , _____ 2011 _____ .

_____
Signature of a member or authorized representative of a member

_____
Typed or printed name of signee

Page 2 of 2

Filing Fee: $25.00