

L12000022432

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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NOV 30 2012

EXAMINER



000242079380

11/29/12--01026--023 **60.00

FILED
12 NOV 29 PM 2:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: OSCI Construction 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:

Richard S Johns

Name of Person

OSCI Construction LLC

Firm/Company

3435 Ocoee Apopka Rd

Address

Apopka, FL 32703

City/State and Zip Code

richardjohns7@yahoo.com

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

For further information concerning this matter, please call:

Richard Johns

Name of Person

407 844-2999

at ()

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**

OSCI Construction 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 02/13/2012 and assigned
Florida document number L12000022432.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

RECEIVED
CLERK OF STATE
TALLAHASSEE, FLORIDA
12 NOV 29 PM 2:04

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

Name of New Registered Agent: Unique Horizons Incorporated

New Registered Office Address: 3435 Ocoee Apopka Rd

Enter Florida street address

Apopka, Florida 32703

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:

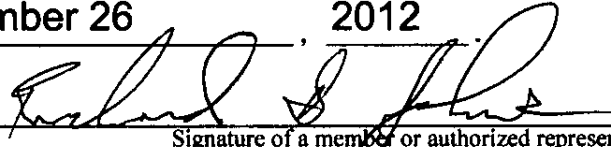
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Richard Johns	3435 Ocoee Apopka Rd	<input checked="" type="checkbox"/> Add
		Apopka, FL 32703	<input type="checkbox"/> Remove
MGMB	Albert E Gilmore	1941 NW 152 St	<input type="checkbox"/> Add
		Miami, FL 33269	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Please add- EIN # 45-5137418

Dated November 26, 2012



Signature of a member or authorized representative of a member

Richard S Johns

Typed or printed name of signee

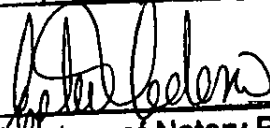
Page 3 of 3

Filing Fee: \$25.00



State of Florida County of Orange

The foregoing instrument was acknowledged
before me this 28 day of November 2012
by Richard S Johns


(Signature of Notary Public)

Ester Cedeno
(Printed Name of Notary Public)