

L12000040808

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

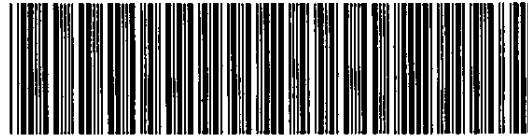
(Business Entity Name)

(Document Number)

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2013 SEP 25 AM 8:54  
TALLAHASSEE, FLORIDA

B. BOSTICK

SEP 26 2013

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Osprey Constructors, 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:

Tricia Kurzawski

Name of Person

Osprey Constructors, LLC.

Firm/Company

414 SW 140<sup>th</sup> Terrace Ste 200

Address

Newberry, FL 32669

City/State and Zip Code

tricia@ospreyconstructors.com

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

For further information concerning this matter, please call:

Tricia Kurzawski

Name of Person

at ( 352 ) 332-7952

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

2013 SEP 25 AM 8:54  
TALLAHASSEE, FL 32301  
RECEIVED  
DIVISION OF CORPORATIONS

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

OSPREY CONSTRUCTORS, 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 3/23/12 and assigned  
Florida document number 612000040808.

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)

Osprey Constructors, LLC.  
414 SW 140<sup>th</sup> Terrace Suite 200  
Newberry, FL 32669

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Osprey Constructors, LLC.  
414 SW 140<sup>th</sup> Terrace Suite 200  
Newberry, FL 32669

**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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

Enter Florida street address

\_\_\_\_\_, Florida

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	Tricia Kurzawski	465 NW 147 <sup>th</sup> Way	<input checked="" type="checkbox"/> Add
		apt. 273	<input type="checkbox"/> Remove
		Newberry, FL 32669	
			<input type="checkbox"/> Add
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TALLAHASSEE, FL 32301

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated September 20, 2013.

Adam Brang

Signature of a member or authorized representative of a member

Adam Brang

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA