

L14000116433

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

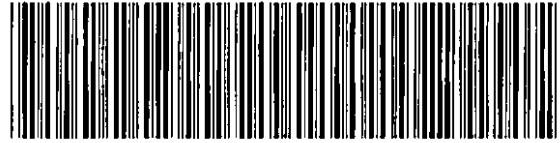
(Business Entity Name)

(Document Number)

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2023 AUG 29 AM 9:09

cf 9/17/2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OSHERPA LLC'S NAME CHANGE

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:

ANDREINA DE SALES

Name of Person

OSHERPA LLC

Firm/Company

2366 SW 10TH ST

Address

MIAMI, FL 33135

City/State and Zip Code

onewellwindows@gmail.com

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

For further information concerning this matter, please call:

ANDREINA DE SALES 305 7649851

Name of Person at () Daytime Telephone Number
Area Code

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

OSHERPA LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2023 AUG 29 AM 9:09

The Articles of Organization for this Limited Liability Company were filed on 07/24/2014 and assigned
Florida document number 114000116433.

This amendment is submitted to amend the following:

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

ONE WELL WINDOWS LLC

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

Enter new principal offices address, if applicable:

SAME AS IT APPEARS ON RECORDS

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

SAME AS IT APPEARS ON RECORDS

(Mailing address MAY BE A POST OFFICE BOX)

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:

N/A

New Registered Office Address:

N/A

Enter Florida street address

N/A

Florida

N/A

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	ONE WELL SOLUTIONS LLC	2366 SW 10TH ST, MIAMI, FL 33135	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
N/A	N/A	N/A	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
N/A	N/A	N/A	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
N/A	N/A	N/A	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
N/A	N/A	N/A	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

N/A

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated August 23rd 2023

ANDREINA DE SALES

Typed or printed name of signee