

L14000130812

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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14 SEP 16 AM 8:50

DIVISION OF CORPORATIONS
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
O & W SERVICE ENTERPRISES, LLC.

Certificate of Status	0
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Page Count	04
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DEPT. OF STATE
TALLAHASSEE, FLORIDA

2014 SEP 16 AM 10:45

FILED

K. SALLY
EXAMINER
SEP 17 2014

2ND REQUEST



September 16, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

O & W SERVICE ENTERPRISES, LLC.
15560 SW 169 AVE
MIAMI, FL 33187US

SUBJECT: O & W SERVICE ENTERPRISES, LLC.
REF: L14000130812

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

You failed to make the correction(s) requested in our previous letter.

The effective date must be specific and cannot be prior to the date of filing.

The effective date cannot be before the document arrives here, as it says below the effective date.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

FAX Aud. #: H14000212571
Letter Number: 414A00019771

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14 SEP 16 AM 8:50

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

O & W SERVICE ENTERPRISES, 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 08/20/2014 and assigned
Florida document number L14000130812

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)

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

City, Florida 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

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Sep. 9. 2014 10:34AM Llanio

#1969 P. 004/005

No. 2593 P. 4/5

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	CARIDAD TORRES	15560 SW 169 AVE	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33187	<input type="checkbox"/> Remove
MGR	WILFRED ACOSTA	15560 SW 169 AVE	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33187	<input type="checkbox"/> Remove
MGR	ORLANDO TORRES	15560 SW 169 AVE	<input type="checkbox"/> Add
		MIAMI, FL 33187	<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

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

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E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated SEPTEMBER 2, 2014


Signature of a member or authorized representative of a member

CARIDAD TORRES

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

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CLERK OF STAFF
TALLAHASSEE, FLORIDA

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