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COVER LETTER

TO: Registration S Division of Co		COVER LETTER	*
Osceola	CON LLC		
SUBSECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	`Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Arnold Heinemann		
		Name of Person	
	Osceola CON LLC		
		Firm/Company	
	4045 Sheridan Ave	#195	
		Address	
	Miami Beach, FL 33	140	
		City/State and Zip Code	
	heiny75@gmail.com		
	E-mail address: (to be used for future annual report notif	fication)
For further information of	concerning this matter, please c	all:	
Arnold Heinemann		845 4267496	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he 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

Osceola CON 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 10/13/2014 and assigned Florida document number L14000159471
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 ne registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address: Enter Florida street address
Florida . 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 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 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 Heineman, Aron 4045 Sheridan Ave #195 □ Add Miami Beach, FL 33140 ■ Remove AMBR Heinemann, Arnold 4045 Sheridan Ave #195 Add Miami Beach, FL 33140 □ Remove ☐ Add ☐ Remove ____ Remove _□ Add ___ _ Remove

ve date, if other than the date of filing: tive date must be specific, cannot be prior to date of receipt or filed date and cannot be more	(optional)
this document is filed by the Florida Department of State)	
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Filing Fee: \$25.00

