

L14 000167888

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

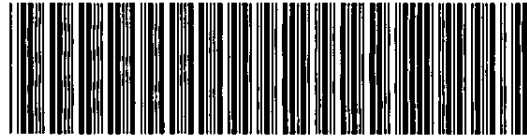
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: OSO SAFE, 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:

Andrew Dominguez

Name of Person

OSO SAFE, LLC

Firm/Company

3115 SE 7th Place

Address

Homestead, Florida 33033

City/State and Zip Code

uscg_guns@hotmail.com

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

For further information concerning this matter, please call:

Andrew Dominguez

at (424) 558-0905

Name of Person

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

OSO SAFE, LLC

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TALLAHASSEE, FLORIDA

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Victoria, R Dominguez	3115 SE 7th Place	<input type="checkbox"/> Add
		Homestead, Florida 33033	<input checked="" type="checkbox"/> Remove
MGR	Andrew Dominguez	3115 SE 7th Place	<input checked="" type="checkbox"/> Add
		Homestead, Florida 33033	<input type="checkbox"/> Remove
AMBR	Victoria, R Dominguez	3115 SE 7th Place	<input checked="" type="checkbox"/> Add
		Homestead, Florida 33033	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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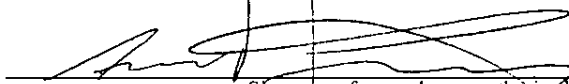
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 November 25th, 2014



Signature of a member or authorized representative of a member

Andrew Dominguez

Typed or printed name of signee

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Filing Fee: \$25.00

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