

L15000047816

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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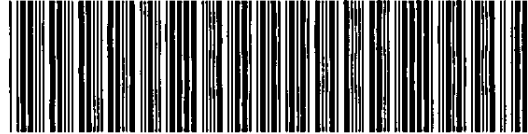
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 JUN -3 AM 11:47
TALLAHASSEE, FLORIDA

JUN 04 2015

S MASON

DEBRA OLIVERI
Registered Agent for Vosper Enterprises, LLC
12031 N.W. 29th Place
Sunrise, Florida 33323
954-804-4601

June 1, 2015

VIA FEDEX

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: **VOSPER ENTERPRISES, LLC - FL Document #15000047816**

Dear SIR/MADAM:

Attached please find the duly executed documents to amend the Articles of Organization of our LLC to include JASON VOSPER as Manager. Also enclosed is our check in the amount of \$25.00 for the Filing Fee. Kindly add MR. VOSPER's name as soon as possible and advise accordingly as time is of the essence in that we need to open a Florida bank account in order to conduct business under our LLC.

Thank you in advance for your continued cooperation with respect to this matter.

Very truly yours,



Debra Oliveri

Enclosure

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: UOSPER ENTERPRISES 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:

JASON UOSPER

Name of Person

UOSPER ENTERPRISES LLC

Firm/Company

12031 NW 29TH PLACE

Address

SUNRISE, FL 33323

City/State and Zip Code

BIRGITTE @ BUSYBEES.DK

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

For further information concerning this matter, please call:

DEBRA OLIVERI

Name of Person

at (954)

Area Code

804-4601

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 JUN -3 AM 11:47

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DIVISION OF CORPORATIONS

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

UOSPER 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 MARCH 17, 2015 and assigned Florida document number L15000047816.

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 contain 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

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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JASON VOSPER	12031 NW 29TH PLACE	<input checked="" type="checkbox"/> Add
		SUNRISE, FL 33323	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated June 1, 2015

Signature of a member or authorized representative of a member

DEBRA OLIVER,

Typed or printed name of signee

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