

LI 80000 52474

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

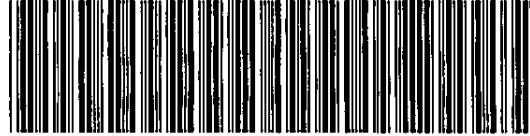
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200272139152

04/27/15--01004--004 **25.00

FILED
15 APR 27 AM 9:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: OSA Management, 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:

Katy Nierman

Name of Person

OSA Management, LLC

Firm/Company

134 Cape Pointe Circle

Address

Jupiter, FL 33477

City/State and Zip Code

katy@dentalwriter.com

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

For further information concerning this matter, please call:

Katy Nierman

561 385-4580

Name of Person

at (_____) _____
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

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

OSA Management, 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 24, 2015 and assigned Florida document number L15000052434.

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 "LLC."

Enter new principal offices address, if applicable:

134 Cape Pointe Circle

(Principal office address MUST BE A STREET ADDRESS)

Jupiter, FL 33477

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:

Katherine Nierman

New Registered Office Address:

221 Old Dixie Highway Suite 6

Enter Florida street address

Tequesta

City

Florida

33469

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.

Katherine Nierman
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Katy Nierman	221 Old Dixie Highway Suite 6	<input type="checkbox"/> Add
		Tequesta, FL 33469	<input checked="" type="checkbox"/> Remove
AMBR	Randall Curran	221 Old Dixie Highway Suite 6	<input type="checkbox"/> Add
		Tequesta, FL 33469	<input checked="" type="checkbox"/> Remove
AMBR	Katherine Nierman	134 Cape Pointe Circle	<input checked="" type="checkbox"/> Add
		Jupiter, FL 33477	<input type="checkbox"/> Remove
AMBR	Randall C. Curran	27963 Hideaway Court	<input checked="" type="checkbox"/> Add
		Menifee, CA 92585	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

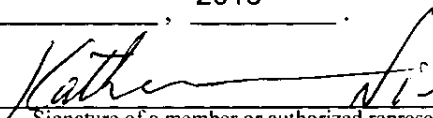
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 APR 27 AM 9:39
RECEIVED

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 April 15, 2015.



Signature of a member or authorized representative of a member

Katherine Nierman

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
15 APR 27 AM 9:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA