

LL5000090537

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

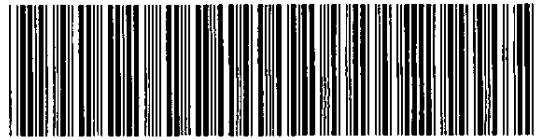
(Business Entity Name)

(Document Number)

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17 JUN 23 AM 11:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. WARREN

JUN 29 2017

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** LOPEZ & OSPINA GENERAL CONSTRUCTION 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:

ROGER OSPINA

\_\_\_\_\_  
Name of Person

LOPEZ & OSPINA GENERAL CONSTRUCTION LLC

\_\_\_\_\_  
Firm/Company

2316 W KNOLLWOOD PL

\_\_\_\_\_  
Address

TAMPA FL 33604

\_\_\_\_\_  
City/State and Zip Code

ROGERALFONSOOSPINA@GMAIL.COM

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

For further information concerning this matter, please call:

ROGER OSPINA

813 767-6490  
at ( ) \_\_\_\_\_  
Area Code Daytime Telephone Number

\_\_\_\_\_  
Name of Person

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

LOPEZ & OSPINA GENERAL CONSTRUCTION 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 05/21/2015 and assigned  
Florida document number L15000090537.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

OSPINA & MORENO GENERAL CONSTRUCTION LLC

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:**

2316 W KNOLLWOOD PL

**(Principal office address MUST BE A STREET ADDRESS)**

TAMPA FL 33604

**Enter new mailing address, if applicable:**

2316 W KNOLLWOOD PL

**(Mailing address MAY BE A POST OFFICE BOX)**

TAMPA FL 33604

**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:

ROGER OSPINA

New Registered Office Address:

2316 W KNOLLWOOD PL

*Enter Florida street address*

TAMPA

*City*

, Florida 33604

*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



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

PLEASE CHANGE THE NAME OF THE LLC

OLD NAME LOPEZ & OSPINA GENERAL CONSTRUCTION LLC

NEW NAME OSPINA & MORENO GENERAL CONSTRUCTION LLC

ADD A NEW MGR CARLOS MORENO

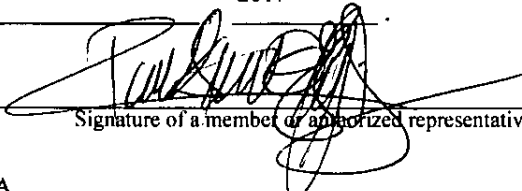
**E. Effective date, if other than the date of filing:** 06/21/2017 **(optional)**

(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 21 2017

  
Signature of a member or authorized representative of a member

ROGER OSPINA

Typed or printed name of signee

FILED  
17 JUN 23 AM 11:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA