

L16000018864

(Requestor's Name)

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(Address)

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(Business Entity Name)

(Document Number)

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2016 FEB 25 PM 2:57
CLERK OF COURT
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
FEB 29

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Osprey Capital Investors, 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:

Brianne Lee
Name of Person
Osprey Capital
Firm/Company
142 W. Platt St. Suite 118
Address
Tampa, FL 33606
City/State and Zip Code
blee@ospreycre.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brianne Lee at (813) 490-9116 ext 506
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

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

FILED
2016 FEB 25 PM 2:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Osprey Capital Investors, 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 1-27-16 and assigned
Florida document number L16000018864

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	Osprey Capital	142 W. Platt Street	<input type="checkbox"/> Add
	Manager, LLC	Suite 118	<input checked="" type="checkbox"/> Remove
		Tampa, FL 33606	<input type="checkbox"/> Change
MGR	OCO Fund	142 W. Platt St.	<input checked="" type="checkbox"/> Add
	Manager, LLC	Suite 118	<input type="checkbox"/> Remove
		Tampa, FL 33606	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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2006 FEB 25 12:57
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2006 FEB 10 PM 3:10
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HEREIN IS UNCLASSIFIED

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NORTH DAKOTA
FALLS

(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)

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 February 15, 2016

Signature of a member or authorized representative of a member

KV Katsadourou
Typed or printed name of signee