

L16000026690

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

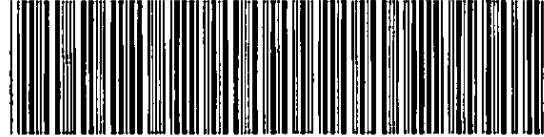
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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**TO: Registration Section
Division of Corporations**

The enclosed Articles of Amendment and fee(s) are submitted for filing.

BILLEE HAYNES

Name of Person

OC ENTERPRISES USA LLC

Firm/Company

4331 NW 194TH STREET

Address

MIAMI GARDENS, FLORIDA 33055

City/State and Zip Code

ocenterprisesusa@gmail.com

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

BILLEE HAYNES at (305) 788-8417

Name of Person Area Code Daytime Telephone Number

☐ \$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)

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

If Changing Registered Agent, Signature of New Registered Agent

If appending 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	BILLEE HAYNES	4331 N.W. 194TH STREET	<input checked="" type="checkbox"/> Add
		MIAMI GARDENS, FLORIDA 33055	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	VERNAL ROLLE III	3261 N.W. 191ST STREET	<input checked="" type="checkbox"/> Add
		MIAMI GARDENS, FL 33056	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PHILLIP BAIN	821 NW 54TH STREET	<input type="checkbox"/> Add
		MIAMI, FLORIDA 33127	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JOE SCOTT	821 NW 54TH STREET	<input type="checkbox"/> Add
		MIAMI, FLORIDA 33127	<input checked="" 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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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), if the effective date is the same as the filing date, this date will not be listed as the effective date.

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.

Signature of a member or authorized representative of a member

BILLEE HAYNES

Typed or printed name of signee

Filing Fee: \$25.00