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## **COVER LETTER**

	ation Section 1 of Corporations	
	T ENTERPRISES, LLC	
SUBJECT: _	Name of Limited Liability Company	
The enclosed A	icles of Amendment and fee(s) are submitted for filing.	
Please return al	correspondence concerning this matter to the following:	
	CHRISTIAM CARDENAS, ESQ.	
	Name of Person	
	LOUIS A. SUPRASKI, P.A.	
	Firm/Company	
	2450 NE MIAMI GARDENS DR. 2ND FLOOR	
	Address	
	MIAMI, FL 33180	
	City/State and Zip Code	
	SUPRASKI@SUPRASKILAW.COM  E-mail address: (to be used for future annual report notification)	
F C4b!C-	•	
ror further into	nation concerning this matter, please call:	
LOUIS A. SUPRASKI, ESQ. 305 792-0060 at ( )		
	Name of Person Area Code Daytime Telephone Number	
Enclosed is a c	ck for the following amount:	
□ \$25.00 Fili	Fee Solution Filing Fee & Solution Status Solution Soluti	

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

OST ENTERPRISES, LLC		
(Name of the Limited Liab (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L16000077357	Company were filed on 04/18/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or	the abbreviation <del>"B.</del> L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADL	ORESS)	. 1
		Company (mpany)
Enter new mailing address, if applicable:		ं क्ष
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	·	iter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	<b>3</b> Zip Code
	Cuy	Lip 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>	Address	Type of Action
AMBR	JUAN ROCA	2450 NE MIAMI GARDENS DR.	
		2ND FLOOR	☐ Remove
		MIAMI, FL 33180	Change
			□ Add
			☐ Remove
			Change
			Remove 5.1
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			Change
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fective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of filing or more that  ote: If the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.	(optional) n 90 days after filing.) Pursu irements, this date will no	ant to 605.0207 ot be listed as
e record specifies a delayed effective date, but not an effective time, The 90th day after the record is filed.	at 12:01 a.m. on th	e earlier of
ated FEBRUARY 27 , 2017 .		
Signature of a member or authorized representative of a m		

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Filing Fee: \$25.00