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(Requestor's Name)
(Address)
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(Address)
(City/State/Zip/Phone #)
☐ PICK-UP ☐ WAIT ☐ MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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COVER LETTER

TO: Registration Sec Division of Corp				
SUBJECT: O'simas Fl	ips LLC			
SUBJECT:		ted Liability Company	···	
		and the arthur		
	Amendment and fee(s) are sub-			
Please return all correspo	ndence concerning this matter	to the following:		
	Paoola Sefair			
		Name of Person		
	Pao & Co LEC			
		Firm/Company		
	1402 Harbour Walk Road			
		Address		
	Tampa F1, 33602			
	paoolasefair@gmail.com	City/State and Zip Code	· <u>-</u>	20 FEB 27 FM12: 37
	E-mail address: (to be used for future annual report no	tification)	(S)
For further information c	oncerning this matter, please ca	all:		- 1 CX
Paoola Sefair		813 760 0060		<u>></u>
Name o	f Person	at () Area Code Daytii	me Telephone Number	一 岛
Enclosed is a check for the	ne following amount:			
□ \$25,00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing Certificate of Certified Cop (additional copy	f Status & py
Mailing Address Registration S Division of C	Section	<u>Street Address:</u> Registration S Division of Co		
P.O. Box 632		The Centre of	-	

Tallahassee, Fl. 32314

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

O'simas Flips LLC		
(<u>Name of the Limited Liabi</u> (A Floric	lity Company as it now appears on our records.) da Limited Liability Company)	
he Articles of Organization for this Limited Liability (lorida document number	Company were filed on August 15, 2016	and assigned
his amendment is submitted to amend the following:		20 FEB
A. If amending name, enter the new name of the lin	nited liability company here:	
Pao & Co LLC		3.27
he new name must be distinguishable and contain the words "Lie	mited Liability Company," the designation "LLC" or the	abbreviation "L.C.".
Enter new principal offices address, if applicable:		22 7.5
Principal office address MUST BE A STREET ADD	DRESS)	<u> </u>
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		ame of the new regist
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>	Address	Type of Action
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			☐ Change
			□Add
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			□Change
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		, , , , , , , , , , , , , , , , , , ,	□Change
			□Remove
			Sign.

Page 2 of 3

		
	be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuk does not meet the applicable statutory filing requirements, this date will n	
e record specifies a delayed The 90th day after the reco	effective date, but not an effective time, at 12:01 a.m. on the	ne earlier o
February 26	2020	
ated		
`	Signature of a member or authorized representative of a member	
	Paoola Sefair	