# L17000017179

| (Requestor's Name)                      | - |  |
|---|---|--|
| (Address)                               |   |  |
| (Address)                               | - |  |
| (City/State/Zip/Phone #)                | - |  |
|   |   |  |
| (Business Entity Name)                  | - |  |
| (Document Number)                       | - |  |
| Certified Copies Certificates of Status | - |  |
| Special Instructions to Filing Officer: | ] |  |
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| Office Use Only                         | J |  |



2023 HUR 14 PM 12: 57

**BERNEY** 

R. HUNT 03/14/22

### **COVER LETTER**

.

#### TO: **Registration Section Division** of Corporations

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O.S.G.S SECURITY AND INVESTIGATIONS LLC

SUBJECT:

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:

|  |                                  | Name of Person                                     |                  | $\sim$    |                  |
|--|----------------------------------|--|------------------|-----------|------------------|
| O.S.G.S. SECURITY AND INVESTIGATIONS LLC   |                                  |  |                  | 673       |                  |
| Firm/Company<br>5401 S. KIRKMAN RD STE 310 |                                  |  |                  |           | ;<br>;<br>+***** |
|  |                                  |  |                  |           | ГТ<br>ГП         |
| Address                                    |                                  |  | نې بن<br>ايد لند | 21 M      | D                |
| ORLANDO, FL 32819                          |                                  |  |                  | PM 12: 57 |                  |
| City/State and Zip Code                    |                                  |  |                  |           |                  |
|  | OSGS_MANAGEMENT@                 | BYAHOO.COM   |                  |           |                  |
|  | E-mail address: (                | (to be used for future annual report notification) | -                |           |                  |
| For further information                    | concerning this matter, please e | call:  |                  |           |                  |
| JAQUIN CATO                                |                                  | 407 731-4898<br>at ( )                             |                  |           |                  |
| Name                                       | of Person                        | Area Code Daytime Telephone Numb                   | ner              | -         |                  |
|  |                                  |  |                  |           |                  |
| Enclosed is a check for                    | the following amount:            |  |                  |           |                  |

S25.00 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 Address: **Registration Section Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

O.S.G.S SECURITY AND INVESTIGATIONS 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 | _ and assigned |
|---|----------------|
| Florida document number <u>1.17000017179</u>                                  |                |

This amendment is submitted to amend the following:

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

O.S.G.S SECURITY LLC

× .

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

#### 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)

|                      | 202               |
|----------------------|-------------------|
|                      |                   |
|                      | 200 R             |
| 5104 NORTH ORANGE BI | LOSSOMTRL STE 222 |
| PO BOX 551503        |                   |
| ORLANDO, FL 32703    | TAT 5             |
|                      | TT                |

# B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> <u>agent and/or the new registered office address here</u>:

| Name of New Registered Agent:  | ·····                     |                    |
|--------------------------------|---------------------------|--------------------|
| New Registered Office Address: | Enter Florida street addr | ess                |
|                                | , F                       | lorida<br>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.

• • • •

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

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E. 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) 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.

| MARCH 9<br>Dated | 2023 |
|------------------|------|
| Dated            |      |

Signature of a member or authorized representative of a member

....

JAQUIN CATO

97 Cito Typed or printed name of signee