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COVER LETTER

TO: Registration Section Division of Corpor				
arm rrom	Osita's World			
SUBJECT:	Name of Limited	Liability Company		······
The enclosed Articles of Am	endment and fee(s) are submit	ted for filing.		
Please return all corresponde	ence concerning this matter to t	he following:		
	Rosc	e Micale		
		Name of Person		
	Osit	Firm/Company	d	
		Firm/Company		
	10861 Fern	ROCK Rd		
				···
	ORlando, F info@ Osita E-mail address: (to b	32825	3	
		City/State and Zip Code		
-	E-mail address: (to b	S WOR O - CC	l report notification	n)
For further information conc	erning this matter, please call:		(
ROSO MIC	ale	at (<u>407</u>)	595 (6494
Name of Pe	rson	Area Code	Daytime Telep	phone Number
Enclosed is a check for the fo	ollowing amount:			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is en		□ \$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

Osita's World	ł		
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appear bility Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company w Florida document number	ere filed on	11/21/2017	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ty company he	ere:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the c	designation "LLC" or the abbro	eviation "L.L.C."
Enter new principal offices address, if applicable:			=
(Principal office address MUST BE A STREET ADDRESS)			18 F
			E AF
			SSE
Enter new mailing address, if applicable:			<u>국 </u>
(Mailing address MAY BE A POST OFFICE BOX)			GREAT OR
			3 5 m
B. If amending the registered agent and/or registered office address here:		n our records, <u>enter th</u>	e name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flo	rida street address	
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	City		гар Соце
THE INCIDENCE OF THE SOME OF THE PROPERTY OF T			

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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an effect	date, if other than the	ust be specific and	d cannot be p	rior to date of	filing or more th	an 90 days after	filing.) Pursuant	to 605.02
<u>ote:</u> If	he date inserted in this is effective date on the	block does not t	meet the app	dicable statu	tory filing requ	uirements, this	date will not	be listed:
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		Signature at a	member or a	uthorized repr	esentative of a r	nember		

Page 3 of 3

Filing Fee: \$25.00