

L18000046042

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

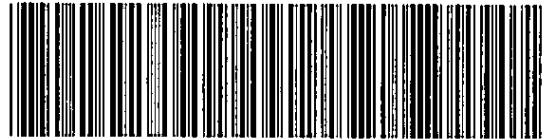
(Business Entity Name)

(Document Number)

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FILED
2019 MAY 31 PM 1:24
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE

JUN 2019
T. L. ...

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: OSCN, LLC
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:

FRANCIS MADASSERY

Name of Person

NULINC, LLC

Firm/Company

2550 E IRLO BRONSON

Address

KISSIMMEE, FL 34744

City/State and Zip Code

MFRANCIS321@GMAIL.COM

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

For further information concerning this matter, please call:

FRANCIS MADASSERY

954

665-1164

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$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)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 21, 2019

FRANCIS MADASSERY
2550 E IRLO BRONSON
KISSIMMEE, FL 34744

SUBJECT: OSCN, LLC
Ref. Number: L18000046042

*DOCUMENTS
SIGNED
Francis*

We have received your document for OSCN, LLC and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Please have Francis Madassery sign the amendment.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 319A00010284

*Signed
Francis*

RECEIVED
2019 MAY 31 AM 10:45
STATE OF FLORIDA
DIVISION OF CORPORATIONS

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

OSCN, LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

2018 MAY 31 PM 1:24

The Articles of Organization for this Limited Liability Company were filed on 02/20/18 and assigned
Florida document number L18000046042

This amendment is submitted to amend the following:

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

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

Enter new principal offices address, if applicable:

2550 E IRLO BRONSON, KISSIMMEE, FL 34744

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

2550 E IRLO BRONSON, KISSIMMEE, FL 34744

(Mailing address MAY BE A POST OFFICE BOX)

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

Name of New Registered Agent:

NULINC, LLC

New Registered Office Address:

2550 E IRLO BRONSON

Enter Florida street address

KISSIMMEE

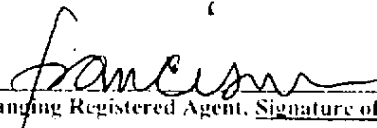
City

Florida 34744

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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------------|--|--|
| MGR | FRANCIS MADASSERY | 1103 PENNSYLVANIA AVE. ST CLOUD, FL 34769 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AP | FRANCIS MADASSERY | 2550 E IRLO BRONSON, KISSIMMEE, FL 34744 | <input checked="" type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

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.

Dated APRIL, 26 2019

Signature of a member or authorized representative of a member

FRANCIS MADASSERY

Typed or printed name of signee