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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: OSAN Development LL C 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:
Kimberly Daise Name of Person
Firm/Company
125 NW 11th Ane
Dania Bch, FL 33004 City/State and Zip Code Building OSan @ amail. com
E-mail address: (to be)used for future annual ferbri notification) For further information concerning this matter, please call:
Kimber / Dai Se at (786) 463-2197 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

USAN Develo	opment		
(Name of the Limited Liability Cor (A Florida Limi	mpány as it now appears ted Liability Company)	on our records.)	
		34, /20,0	
The Articles of Organization for this Limited Liability Compa	any were filed on	$\frac{1}{6}$ and assigned	
Florida document number <u>L/80000 699.0</u>	7	,	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	iability company her	r <u>e</u> :	
The new name must be distinguishable and contain the words "Limited Li	iability Company," the de	signation "LLC" or the abbreviation "LLC."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
n te e e e e e e e e e e e e e e e e e e			
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address on our re	cords, <u>enter the name of the new registere</u>	<u>:d</u>
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Address.	Enter Florie	da street address	
		Florida	
	City	Zip Code	_
New Registered Agent's Signature, if changing Registered Age	nt:		
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offi company has been notified in writing of this change.	ete performance of n is provided for in Cl	ny duties, and I am familiar with and hapter 605, F.S. Or, if this document is	9
company nus veen nounted 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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Mar	Niti Ka Griffin	3360 NW 8th Ct.	□Add
O		3360 NW 8th Ct. Ft. Landerdali, FL 3331	☐ Remove
		or)	
		·	□Add
			□ Remove
			□Change
			□ Add
			□Remove
			🗆 Change
			🗖 Add
			□Remove
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Note:	ve date, if other than the date of filing:
If the record record is file	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 ed.
Dated _	4/5/24 2034
	Signature of a member or authorized representative of a member
	Kimberly Daise En WitiKA Griffin Typed or printed name of signee

Filing Fee: \$25.00