L180000086686

(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entry Name)
(Document Number)
Certified Copies Certificates of Status
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FLORIDA DEPARTMENT OF STATE Division of Corporations

February 8, 2021

JILL P. WAIT 13300-56 S. CLEVELAND AVE #661 FORT MYERS, FL 33907

SUBJECT: OZ CREATIONS LLC Ref. Number: L18000086686

We have received your document for OZ CREATIONS LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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.

Irene Albritton Regulatory Specialist II Letter Number: 721A00002829

COVERLETTER

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TO:	Registration Se Division of Cor			· · ·
CHD 187	OZ CREAT	TONS LLC		
SUBJEC	<u></u>	Name of Lim	ited Liability Company	<u> </u>
The encl	osed Articles of ,	Amendment and fee(s) are sub	mitted for filing.	
Please re	aturn all correspo	ndence concerning this matter	to the following:	
		Jill P. Wait		
			Name of Person	
		Oz Management Services	LLC	
			Firm/Company	
		13300-56 S. Cleveland Av	e., #661	
			Address	<u> </u>
		Fort Myers, FL 33907		
			City/State and Zip Code	
		ozmanagementservices.info		
For furth	er information co	n-man address: (oncerning this matter, please c	to be used for future annual report notificall:	ation)
Jill P. W	ait		303 906-7445	
Name of Person		Person	at () Area Code Daytime *	l'elephone Number
Enclosed	is a check for the	e following amount:		
□ \$25.0	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7	Street Address: Registration Sect Division of Corpo The Centre of Ta 2415 N. Monroe Tallahassee, FL 3	orations Hahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OZ CREATIONS LLC		2021 FFR 20 011	
(Name of the Limit	ed Liability Company as it now (A Florida Limited Liability Con	appears on our records!) 9:21	
The Articles of Organization for this Limited Li Horida document number <u>L18000086686</u>			and assigned
-			
his amendment is submitted to amend the follo	owing:		
A. If amending name, <u>enter the new name of</u>	the limited liability comp	any here:	
OZ MANAGEMENT SERVICES LLC			
he new name must be distinguishable and contain the w	ords "Limited Liability Company	y," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applications	able:		
Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE I	<u> </u>		
 If amending the registered agent and/or regent and/or the new registered office addres 	egistered office address on s here:	our records, enter the name	of the new register
garage and the registered white andres	s icic.		
Name of New Registered Agent:			
_ 			
New Registered Office Address:	En	ter Florida street address	
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing R	•		

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

as anserving executiveness recognition authorized to manage, enter the due, name, and address of each person being anded or removed from our records:

MGR = Manager AMBR = Authorized Member

AMBR = Authorized Member		•	ر المراجع المر المراجع المراجع المراج	
<u>Title</u>	<u>Name</u>	<u>Address</u>	2021 FEB 26 AH 9: 21	Type of Action
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	December 21, 2020
Effective date, if other than the date	e of filing:
	loes not meet the applicable statutory filing requirements, this date will not be listed as the
document's effective date on the Departs	ment of State's records.
ne record specifies a delayed effective date	e, but not an effective time, at 12:01 a.m. on the earlier of; (b) The 90th day after the
ord is filed.	
Dated	2020
	(ALC) aut
Signs	ature of a member of a uthorized representative of a member
Jill P. Wait	
	Typed or printed name of signee

Filing Fee: \$25.00