L/9000014615

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DEBOATOR

COVER LETTER

TO: Registration Se Division of Cor		.•		
SUBJECT: OSC	artera Milbry LL(C ited Liability Company		
	Amendment and fee(s) are sub ndence concerning this matter			
	Oscartera Mil	bry Name of Person		
	Oscartera Mil			
	11553 Tangle	Branch Lane		
	Gibsonton Fl			
	ozmilbry@yah	City/State and Zip Code 100.COM to be used for future annual rep-	ort notification)	2019
For further information e	oncerning this matter, please c		,	
Oscartera M	ilbry	at (813) 85	0-5261	29 PH
Name o	f Person	Area Code	Daytime Telephone Number	
Enclosed is a check for th	ne following amount:			1 621
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclose	ed) Certified C	of Status &

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

Oscartera Milbry LLC

(Name of the Limited 1) (A F	lability Company as it now appears on our records.) lorida Limited Liability Company)	
The Articles of Organization for this Limited Liabil Florida document number <u>L 19000014615</u>	lity Company were filed on <u>January 14, 2019</u> an	nd assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the abbreviati	ion "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	(DDRESS)	<u> </u>
Enter new mailing address, if applicable:	10	
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>	\
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the neaddress here:	ame of the new
Name of New Registered Agent:	2 7	
New Registered Office Address:	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	29
Enter Flori	Enter Florida street address . Florida	φ ()
_	City 7.2ip	Coden
New Registered Agent's Signature, if changing Registered	stered Agent:	
provisions of all statutes relative to the proper a accept the obligations of my position as register	gent and agree to act in this capacity. I further agree to and complete performance of my duties, and I am familia sed agent as provided for in Chapter 605, F.S. Or, if this istered office address, I hereby confirm that the limited l ange.	ur with and document is

If Changing Registered Agent, Signature of New Registered Agent

MGR = M	Lamagar		
	athorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Oscartera Milbry	11553 Tangle Branch Lane	⊠ Add
		Gibsonton FI 33534	Remove
			Change
			Add
			Remove
			Change
			□ Remove
			Change
 			Remove
			Remove 7
			□ Remove
			Change
		_	Add
			□ Remove
			Change

amen	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
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n effect o <u>te:</u> If	e date, if other than the date of filing:		
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the Oth day after the record is filed.	earlier	r o
ted	January 18 2019		
	0. Mile		
		— <u> </u>	
	Signature of a member or authorized representative of a member		

Page 3 of 3

Filing Fee: \$25.00