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## **COVER LETTER**

TO:	Registration Se Division of Cor			
	OLSC, LLO	•		
SUBJ	IECT:	Name of Lim	ited Liability Company	
The e	nclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	e return all correspo	ondence concerning this matter	to the following:	
		Lisa R. Conway		
			Name of Person	
		OLSC, LLC		
Firm/Company 805 S. Orlando Avenue, Suite B				
		Name of Limited Liability Company  of Amendment and fee(s) are submitted for filing.  spondence concerning this matter to the following:  Lisa R. Conway  Name of Person  OLSC, LLC  Firm/Company  805 S. Orlando Avenue, Suite B  Address  Winter Park, FL 32789  City/State and Zip Code  Lisaconway0815@gmail.com  E-mail address: (to be used for future annual report notification)  on concerning this matter, please call:  407 619-4665  at (		
			Address	
		Winter Park, FL 32789		
		lisaconway0815@email.com	-	<del></del>
		-		fication)
For fi	urther information c	concerning this matter, please ea	all:	Daytime Telephone Number  \$60.00 Filing Fee, Certificate of Status & Certified Copy
City/State and Zip Code lisaconway0815@gmail.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Lisa R. Conway  407 619-4665				
	Name c	of Person	at () Area Code Daytime	e Telephone Number
Enclo	osed is a check for t	he following amount:		
<b>■</b> \$:	25,00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

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

## ARTICLES OF AMENDMENT TO . ARTICLES OF ORGANIZATION OF



OLSC, LLC	
(Name of the Limited Liabili (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	nited liability company here:
(Name of the Limited Liability Company as it now appears on our records.)  (A Florida Limited Liability Company)  The Articles of Organization for this Limited Liability Company were filed on February 1, 2019 and assigned orida document number L19000033720  This amendment is submitted to amend the following:  The Amending name, enter the new name of the limited liability company here:  LSC Group, LLC  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  The new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  The new mailing address, if applicable:	
he new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registered agent and/or the new registered office add	istered office address on our records, <u>enter the name of the ne</u> dress here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
<del></del>	City 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 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>	Name	Address	Type of Action
MGR	Lisa R.Conway	805 S. Orlando Avenue, Suite B Winter Park, Fl. 32789	<b>a</b> Add
			□ Remove
			Change
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ective date, if other than the d	ate of filing:		(optional)	
n effective date is listed, the date must be te: If the date inserted in this bloom	ne specific and cannot be prior to do to does not meet the applicable	late of filing or more than 9 e statutory filing require	XO days after filing.) Pursuant ements, this date will not l	to 605.029 be listed a
cument's effective date on the Dep	partment of State's records.	, ,		
record specifies a delayed The 90th day after the reco	effective date, but not a rd is filed.	n effective time, a	t 12:01 a.m. on the	earlier
February 25 ted	2019	,		
	A: 0		•	
	/// <b>5.</b> #	/ n _ /		
	ignature of a member or authorize	one of	1	