L19000210337

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Boodine Namber)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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06/28/23--01010--009 **25.00

2023 SEP 21 PH 4: 36

August 11, 2023

LISVANY ALVAREZ 6040 FOREST HILL BLVD APT 106 WEST PALM BEACH, FL 33415 US

SUBJECT: ONCS LLC

Ref. Number: L19000210337

We have received your document 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):

The document number of the name conflict is P14000075587.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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

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

Jasmine N Horne Regulatory Specialist II EP 21 PH 4: 36

Letter Number: 923A00018296

COVER LETTER

TO:	Registration So Division of Cor			
	ONCS LLC			
SUBJEC	UI:	Name of Lim		
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for tiling.	
		ondence concerning this matter		
		lisvany alvarez		
			Name of Person	
		ONCS LLC		
			Firm/Company	<u>. </u>
		45434th AVE DR E		
			Address	
		bradenton FL 34208		2023
			City/State and Zip Code	
		L@FLSALE.COM		
For furti	her information o	E-mail address: (concerning this matter, please c	to be used for future annual report not all;	2023 SEP 21 PH 4: 36
	Alvarez	,	561 577-4321	E STATE STATE OF THE STATE OF T
	Name o	of Person	Area Code Daytin	te Telephone Number
Enclose	d is a check for t	he following amount:		
□ \$25	.00 Fiting Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addre		<u>Street Address:</u> Registration Sc	ection
Division of Corporations Division of Corporations		rporations		
	P.O. Box 633 Tallahassee,		The Centre of 2415 N. Monro	Fallahassee be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ONCS LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar Florida document number <u>L19000210337</u> .	ny were filed on 08/19/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
FLSALE.COM LLC		
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		207
(Principal office address MUST BE A STREET ADDRESS)		3 S
		0 ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Enter new mailing address, if applicable:		en-n =
(Mailing address MAY BE A POST OFFICE BOX)		1.10 ti
		6
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	17 (2) 1 1	
	Enter Florida street address	
	Florid	aZip Code
	City	AD 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, <u>enter the title</u>, <u>name</u>, and <u>address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
			Remove
			Change
			□Add
			□Remove
			ZEZ3 SEPROVE
			SEPRE PRE 4: 36
			□Remove
			□Add
			□Remove
			Change
			□Add
			□Remove

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Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing	(optional) gor more than 90 days after filing.) Pursuant to 60)5.0207 (3)
Note: If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records.	filing requirements, this date will not be lis	ited as the
the record specifies a delayed effective date, but not an effecti) The 90th day after the record is filed.	ve time, at 12:01 a.m. on the earl	ier of:
Dated June 23 , 2023		
Signature of a member or authorized represent	tative of a member	
Lisvany Alvarez Mendoza		

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Typed or printed name of signce

Filing Fee: \$25.00