119000262045

(Requestor's Name)	
(Address)	<u>_</u>
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T. MATTHEWS

FEB - 2 2022

COVER LETTER

Tallahassee, FL 32314

TO:

	gistration Se vision of Cor			
end heet.		ENTERPRISES, LLC		
SUBJECT:		Name of Limit	ed Liability Company	
The enclose	d Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please retur	n all correspo	ondence concerning this matter to	o the following:	
		Joel Threlkeld		
			Name of Person	
		Threlkeld Law, P.A.		
			Firm/Company	
		3003 Tamiami Trail N., Suit	te 400	
			Address	
		Naples, FL 34103		
			City/State and Zip Code	<u></u>
		Joel@napleslegal.net	be used for future annual report not	:Vi/)
For further i	information c	oncerning this matter, please cal	·	incation,
Joel Threlk	eld		239 234 - 5034	
	Name o	f Person	239 234 - 5034 at ()	ne Telephone Number
Enclosed is	a check for th	ne following amount:		
□ \$25.00	Filing Fee	S30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ailing Addres		<u>Street Address:</u> Registration Se	ection
	_	Corporations	Division of Co	
	O. Box 632		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION: OF

22 JAN 27 PH 4: 45

OSBURN ENTERPRISES, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited I	Jability Company)
The Articles of Organization for this Limited Liability Company Florida document number L19000262045	were filed on 10-18-2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5926 Premier Way, Suite 100
(Principal office address MUST BE A STREET ADDRESS)	Naples, FL 34109
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5926 Premier Way, Suite 100 Naples, FL 34109
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida City Zip Code
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agr	ee 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, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JOEL A. THRELKELD	P.O. Box 110565 #200	<u></u> ■Add
		Naples, FL 34108	□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
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		_	□Add
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If an effective date is li Note: If the date in		d cannot be prior to o meet the applicabl	date of filing or more tha	(optional) in 90 days after filing.) Pursuant tirements, this date will not b	
se record specifies a ord is filed.	lelayed effective date, but no	t an effective time	, at 12:01 a.m. on the	earlier of: (b) The 90th da	y after the
Dated	Janury 23	2022			
	Jun M	number of authoris	ed representative of a n	umbar	
	- Julianure of a	memora or aumoriz	co representative of a n	ICH IOCI	

Filing Fee: \$25.00