

L20000098931

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

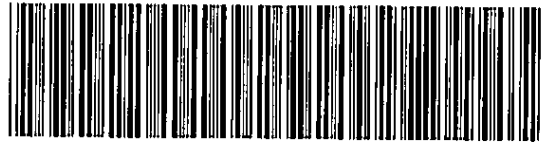
(Business Entity Name)

(Document Number)

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2021 JUL -9 AM 9:38

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

SECTION 605.0203(1)  
TALLAHASSEE

June 24, 2021

CATHERINE OSBURN  
106 ATRIUM COURT  
WINTER SPRINGS, FL 32708

SUBJECT: OSBURN & SCHILF INTERIORS, LLC  
Ref. Number: L20000098931

We have received your document for OSBURN & SCHILF INTERIORS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Alecia Rivers  
Regulatory Specialist II

Letter Number: 621A00014421

*\* Signature has been added. Thank you*

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Osburn and Schilf Interiors, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Catherine Osburn

\_\_\_\_\_  
Name of Person

Osburn Interiors, LLC

\_\_\_\_\_  
Firm/Company

106 Atrium Court

\_\_\_\_\_  
Address

Winter Springs, FL 32708

\_\_\_\_\_  
City/State and Zip Code

osburninteriors@yahoo.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

*Cathy@osburninteriordesign.com*

For further information concerning this matter, please call:

Catherine Osburn

407

761-8377

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 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)

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Osburn and Schilf Interiors, LLC

(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 April 8, 2020 and assigned  
Florida document number L20000098931.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Osburn Interiors, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

Florida

*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 Changing Registered Agent, Signature of New Registered Agent**

**If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:**

**MGR = Manager**

**AMBR = Authorized Member**

| <u>Title</u> | <u>Name</u>     | <u>Address</u>                                | <u>Type of Action</u>                      |
|--------------|-----------------|---|--|
| MGR          | Athena Schill   | 6903 Phillips Reserve Court, Orlando FL 32819 | <input type="checkbox"/> Add               |
|              |                 |   | <input checked="" type="checkbox"/> Remove |
|              |                 |   | <input type="checkbox"/> Change            |
| MGR          | Angela Romagosa | 210 Columbus Circle, Longwood FL 32750        | <input checked="" type="checkbox"/> Add    |
|              |                 |   | <input type="checkbox"/> Remove            |
|              |                 |   | <input type="checkbox"/> Change            |
|              |                 |   | <input type="checkbox"/> Add               |
|              |                 |   | <input type="checkbox"/> Remove            |
|              |                 |   | <input type="checkbox"/> Change            |
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|              |                 |   | <input type="checkbox"/> Add               |
|              |                 |   | <input type="checkbox"/> Remove            |
|              |                 |   | <input type="checkbox"/> Change            |

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated May 17 2021

Typed or printed name of signee