

L20 000325420

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

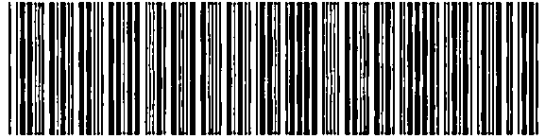
(Business Entity Name)

(Document Number)

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FILED
2020 DEC 28 AM 7:36
CLERK OF COURT
JANUARY 2021

O SIMMONS
FEB 09 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OSO BLANCO LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

MARILIN J UROZA
Name of Person
OSO BLANCO LLC
Firm/Company
1021 NW 1ST AVE
Address
FORT LAUDERDALE, FL, 33311
City/State and Zip Code
MARILINGARCIA1970@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARILIN J UROZA 786 655-1657
at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

OSO BLANCO LLC

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

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The Articles of Organization for this Limited Liability Company were filed on 10/14/2020 and assigned
Florida document number L20000325420.

This amendment is submitted to amend the following:

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

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:

1021 NW 1ST AVE

(Principal office address MUST BE A STREET ADDRESS)

FORT LAUDERDALE, FL. 33311

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:

UROZA, MARILIN J

New Registered Office Address:

1021 NW 1ST AVE

Enter Florida street address

FORT LAUDERDALE

City

, Florida 33311

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

1120

<u>Title</u>	<u>Name</u>	<u>Address</u>	2023 DEC 28 AM 7:36	<u>Type of Action</u>
MGR	OLIVARES UROZA, KATHERINE	3720 INVERRARY DR APT 3C	STATE	<input checked="" type="checkbox"/> Add
		LAUDERHILL, FL, 33319		<input type="checkbox"/> Remove
				<input type="checkbox"/> Change
AMBR	UROZA, MARILYN M	1021 NW 1ST AVE		<input type="checkbox"/> Add
		FORT LAUDERDALE, FL, 33331		<input checked="" type="checkbox"/> Remove
				<input type="checkbox"/> Change
AMBR	UROZA, MARILIN J	1021 NW 1ST AVE		<input type="checkbox"/> Add
		FORT LAUDERDALE, FL, 33311		<input type="checkbox"/> Remove
				<input checked="" type="checkbox"/> Change
AMBR	GARCIA INDRIAGO, HENRY	1021 NW 1ST AVE		<input checked="" type="checkbox"/> Add
		FORT LAUDERDALE, FL, 33311		<input type="checkbox"/> Remove
				<input type="checkbox"/> Change
				<input type="checkbox"/> Add
				<input type="checkbox"/> Remove
				<input type="checkbox"/> Change
				<input type="checkbox"/> Add
				<input type="checkbox"/> Remove
				<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

2020 DEC 28 AM 7:36

STATE OF FLORIDA
DEPARTMENT OF STATE

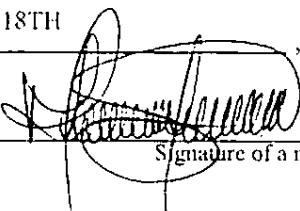
E. Effective date, if other than the date of filing: 12/18/2020 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated DECEMBER 18TH, 2020

X 

Signature of a member or authorized representative of a member

UROZA, MARILIN J

Typed or printed name of signee