3/11/2021

Division of Corporations

dan Department en Stat Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000098999 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FELDMAN & ASSOCIATES

Account Number : 120130000018 Phone : (305)931-0433 : (866)856-1462 Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

OSHAN 18 LLC

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$60.00

Electronic Filing Menu Corporate Filing Menu

Help)

ARTICLES OF AMENDMENT TO 4 ARTICLES OF ORGANIZATION OF

OSHAN IS LLC		
(Name of the Limited Liability (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number <u>L21000075053</u>	ompany were filed on 02/19/2021	andassigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
OHSAN 18, LLC		
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	(ESS)	
Enter new mailing address, if applicable:		··· 10
(Mailing address MAY BE A POST OFFICE BOX)		<u>: </u>

		 ·
B. If amending the registered agent and/or registered	office address on our records, enter the	name of the new register
agent and/or the new registered office address here:		J. 1
		=
Name of New Registered Agent:		<u>. 9 —</u>
New Registered Office Address:		
	Enter Florida street address	
	. Florid:	
	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.

To: 18506176383 Pane: 4 of 5 2021-03-11 15:21:40 GMT 18668561462

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

From: Paul Feldman

or removed from our records:		
MGR = Manager		
AMBR = Authorized Member		

<u>Title</u>	Name	<u>Address</u>	Type of Action
			DAdd
			□Remove
			□Add
			Remove
			□ Change
			□Add
			Remove
			□ Change
			Remove
			□Change
			□Remove
			□Change
			□Change

From: Paul Feldman

_			 			
_		·····				
_						
_			<u></u>		<u> </u>	-
_			<u>-</u>			
_						
-						
-	<u> </u>	<u>_</u> _			<u> </u>	
_						
_	•					
-			<u> </u>			
_						
						
_						
-						
_		 -			<u>. </u>	
_		. <u> </u>		<u> </u>	·	
Note:	ive date, if other lective date is listed, the If the date inserted lent's effective date	l in this block doe	s not meet the app	licable statutory li	(opti r more than 90 days afte ling requirements, th	onal) r filing.) Pursuant to 605.020 is date will not be listed a
e recor rd is fil		ed effective date, b	out not an effective	time, at 12 01 a r	m on the earlier of: (I	n). The 90th day after the
Dated	March 11	<u></u> .	2021	 .		
			-17/	11		
			174	and the same of th		
	· 	Signatul	ie of a methber of au	thorized representat	ave of a member	

2021-03-11 15:21:40 GMT