## La100009746a

| (Re                     | equestor's Name)   |             |
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| PICK-UP                 |                    | MAIL        |
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| (Bı                     | usiness Entity Nar | ne)         |
|                         |                    |             |
| (Dc                     | ocument Number)    | ···         |
| ,                       | ·                  |             |
|                         |                    |             |
| Certified Copies        | _ Certificates     | s of Status |
|                         |                    |             |
| Special Instructions to | Eiling Officer:    | ·           |
| Opecial instructions to | Tilling Officer.   |             |
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5/19/2/R

## **COVER LETTER**

| Division of Cor             |                                  | <b>₽</b> 2 <sup>4</sup>                      |  |
|-----------------------------|----------------------------------|--|--|
|                             | AGING DIRECTOR                   | . •  |  |
| SUBJECT:                    | Nume of Lim                      | ited Liability Company                       | <del></del>  |
| The analoged Articles of    | Amendment and fee(s) are sub     | mitted for filing                            |  |
|                             |                                  | _  |  |
| Please return all correspo  | ndence concerning this matter    | to the following:                            |  |
|                             | GUYLAINE CONQUET                 |  |  |
|                             | <del></del>                      | Name of Person                               | ····   |
|                             | OSMOSELLC                        |  |  |
|                             |                                  | Firm/Company                                 |  |
|                             | 19 <b>2</b> 61 NW 3RD ST         |  |  |
|                             | <del></del>                      | Address                                      | <del></del>  |
|                             | PEMBROKE PINES                   |  |  |
|                             |                                  | City/State and Zip Code                      |  |
|                             | E-mail address: ()               | to be used for future annual report notific  | cation)  |
| For further information co  | oncerning this matter, please ca | ·  | ,  |
| GUYLAINE CONQUET            |                                  | 954 9989384                                  |  |
| Name of                     | f Person                         | at ()  | Telephone Number   |
| Enclosed is a check for the | ne following amount:             |  |  |
| ■ \$25.00 Filing Fee        | □ \$30.00 Filing Fee &           | □ \$55.00 Filing Fee &                       | ☐ \$60.00 Filing Fee.  |
|                             | Certificate of Status            | Certified Copy (additional copy is enclosed) | Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
| Mailing Addres              | <u>s:</u>                        | Street Address:                              |  |

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

| OSMOSELLC   |  |
|---|--|
| (Name of the Limited Liability Company as it now appears of (A Florida Limited Liability Company)                                   | on our records.)                           |
| The Articles of Organization for this Limited Liability Company were filed on $\frac{02-28}{100}$                                   | 3-2021 and assigned                        |
| Florida document number 1.21000097962   |  |
| 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 desi                                    | gnation "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)   |  |
|   |  |
| 3. If amending the registered agent and/or registered office address on our recogent and/or the new registered office address here: | ords, enter the name of the new registe    |
|   | 7.33                                       |
| Name of New Registered Agent:   | 17%.<br>                                   |
| New Registered Office Address:  |  |
| Enter Florida   | street address                             |
|   | Florida                                    |
| City:   | Zip Code                                   |
| lew Registered Agent's Signature, if changing Registered Agent:   | ည  |

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 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>      | Address                              | Type of Action |
|--------------|------------------|--------------------------------------|----------------|
| AMBR         | GUYLAINE CONQUET | 10261 NW 3RD ST PEMBROKE PINES 33026 | □Add           |
|              |                  |                                      | □Remove        |
|              |                  |                                      | □Change        |
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| ffective date, if other than the date of filing:  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 (doing). If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to occument's effective date on the Department of State's records.  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 dis filed.  Standard of a member or authorized representative of a member.  GUYLAINE CONQUET  |       |  |
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| rated 02-22-2021 Signature of a member or authorized representative of a member  | (ote: | tive date, if other than the date of filing:                   |
| Signature of a member or authorized representative of a member   |       |  |
|  | ated  | 02-22-2021   |
|  |       | Signature of a member or authorized representative of a member |
|  |       |  |

ENTER TO COMPANY