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COVER LETTER

TO: Registration Sec Division of Corp			•	
SUBJECT:	OSIEN LLC Name of Limit	ited Liability Company	· · · · · · · · · · · · · · · · · · ·	
	Amendment and fee(s) are sub-	-		
Please return all correspor	ndence concerning this matter	to the following:		
	ropert L ne	S M Name of Person		
	mosun	UC Firm/Company	· · · · · · · · · · · · · · · · · · ·	
	6760 Ca	MUIO DY Address		
	miramar E	L 33023 City/State and Zip Code		
	5 mail addrace 1	to be used for future annual report notif	ication)	
For further information co	oncerning this matter, please or		Ranon	
MARL VILS (N) Name of	I	at (305)331- W	SECRETARY TARY) 4
Enclosed is a check for th	e following amount:		200 A	3 3
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, — Certificate of Status Certified Copy tadditional copy is enclos	- &

TO:

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

NNOSLIN LLC		
(<u>Name of the Limited Liat</u> (A Flor	bility Company as it now appears or rida Limited Liability Company)	n our records.)
The Articles of Organization for this Limited Liability Florida document number 12/00/00/09/67		02 2021 and assigned
This amendment is submitted to amend the following:	:	
A. If amending name, <u>enter the new name of the li</u>	imited liability company here	:
The new name must be distinguishable and contain the words "I.	Limited Liability Company," the design	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD)	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here		ords, enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	street address
	City	, Florida Zip Code
	h	r

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MBr	ropert Linelson It	4760 comelia Dr	□Add
		miramar FL 33023	□Remove
			□Change
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	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(apalating title to MBC, that is the cny
4	change being made as of now it cumentry
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an eff <u>(ote:</u>	ive date, if other than the date of filing:
recor Lis fi	d 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 led.
ated	12/6/2021.
	Signature of a member or authorized representative of a member
	Danas a substitution
	KWA L NISA II. Typed or printed name of signee