

621000153751

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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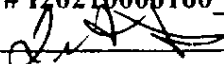
SECRETARY OF STATE  
TALLAHASSEE, FL 32301

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2021 SEP 20 PM 4:26

SECRETARY OF STATE  
TALLAHASSEE, FL 32301

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

Please use funds from ACCT. # I20210000160 FOR: \$ 60.00  
Authorized Signature: 

**THIS IS NOT SHISHKABAB, LLC L21000153751**  
Business Name & Document #, (if known):

☐ Walk in ☐ Pick up time \_\_\_\_\_  
☐ Mail out ☐ Will wait  
☐ Photocopy

☒ **Certified Copy of ARTICLES OF ORGANIZATION**

☒ **Certificate of Status**

**NEW FILINGS**

☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other  
☐ **CORP**

**AMMENDMENTS**

☒ Amendment  
☐ Resignation of R.A. Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger  
☐ **Conversion**

**OTHER FILINGS**

☐ Annual Report  
☐ Fictitious Name

**REGISTRATION/QUALIFICATIONS**

☐ Foreign filing  
☐ Limited Partnership  
☐ Reinstatement

☒ APOSTIL () \_\_\_\_\_ Other \_\_\_\_\_  
Country

**EXAMINER'S INITIALS:** \_\_\_\_\_

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TALLAHASSEE, FL 32309  
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\_\_\_ Photocopy \_\_\_\_\_

X Certified Copy of ARTICLES OF ORGANIZATION

X Certificate of Status

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\_\_\_ Domestication  
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( ) APOSTIL ( ) \_\_\_\_\_ Other \_\_\_\_\_  
Country

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** THIS IS NOT SHISHKABAB, 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:

Jonathan K. Winer, Esq.

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

Fuse Group Investment Companies

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

900 NW 6th Street, Suite 201

\_\_\_\_\_  
Address

Fort Lauderdale, FL 33311

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

jonathan@fusegroupco.com

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

For further information concerning this matter, please call:

Jonathan K. Winer, Esq.

305 542-6477  
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**

THIS IS NOT SHISHKABAB, 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 2, 2021 and assigned  
Florida document number L21000153751.

This amendment is submitted to amend the following:

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

OSE MET INVESTMENT, 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>
_____	_____	_____	<input 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"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

SECRETARY OF STATE  
TALENT  
2022 SEP 28 AM 10:35  
ADD  
REMOVE  
CHANGE

2021 SEP 20 AM 8:35  
SECRETARY OF STATE  
TALLAHASSEE, FL

2021 SEP 20 AM 8:35  
SECRETARY OF STATE  
TALLAHASSEE, FL

100

**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 September 20, 2021

**Eyal Peretz, as Manager of Green Team Ventures, LLC, as Manager**

Typed or printed name of signee

**Filing Fee: \$25.00**