

L22000404626

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

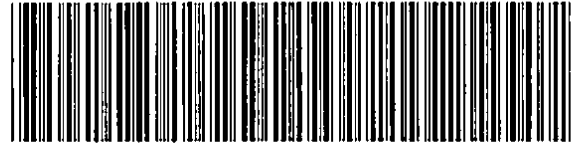
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2022 NOV 29 AM 9:31
TALLAHASSEE, FL

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2022 NOV 29 PM 4:02
TALLAHASSEE, FL

A. BUTLER

NOV 30 2022

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-624

Please use funds from this account: I20210000160 Amount: \$25.00

Authorization Signature: _____

OSCAR & OSCAR LLC L22000404626

Business

Document #

___ Walk in
___ Pick up time _____

___ Mail out _____ Will wait

___ Photocopy

___ Certified Copy of Articles of Incorporation

___ Certificate of Status

NEW FILINGS

___ Profit
___ Not for Profit
___ Limited Liability
___ Domestication
___ LLLP
___ CORP

AMMENDMENTS

___ X ___ Amendment
___ Resignation of R.A. Officer/Director
___ Change of Registered Agent
___ Dissolution/
___ Merger
___ Conversion
___ AFFIDAVID BY FOREIGN CORP.

OTHER FILINGS

___ Annual Report
___ Fictitious Name

___ APOSTIL

REGISTRATION/QUALIFICATIONS

___ Foreign filing
___ Statement of AUTHORITY
___ Reinstatement

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OSCAR & OSCAR 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:

OSCAR FERREIRA GALINDO

Name of Person

OSCAR & OSCAR LLC

Firm/Company

18906 NW 57TH AVE SUITE 103

Address

HIALEAH, FL 33015-FL

City/State and Zip Code

oscarcubarte03@gmail.com

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

For further information concerning this matter, please call:

Mayra Torres

305 647-9584
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input 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

ED

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

JO. STONE
E. FL.

If Changing Registered Agent, Signature of New Registered Agent

[illegible]

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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 November 29th, 2022

Mayra Rosa Torres

Filing Fee: \$25.00