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(Req	uestor's Name)	
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(City	/State/Zip/Phone	: #)
PICK-UP	WAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
		 -
Special Instructions to F	iling Officer:	
	J. HORNE	
	MAY 18 20	23
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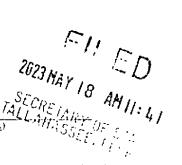
COVER LETTER

TO: Registration So Division of Con			
OSAURE O	& OBBEYONO MULTI SERV	ICES LLC	
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for tiling.	
Please return all correspo	ondence concerning this matter	to the following:	
	WILLIAN DEBROK ARA		
		Name of Person	
		Firm Company	
	7121 N ROME AVE		
		Address	
	TAMPA FI, 33604		
		City State and Zip Code	
	MAGUY280677/a GMAIL.	COM o be used for future annual report notific	
For further information of	eoneering this matter, please co		accents)
WILLIAN DEBROK A	RANDA	813 3819954	
Name o	of Person	at ()	Felephone Number
linclosed is a check for t	the following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filling Fee & Certificate of Status	SS5.00 Filing Fee & Certified Copy tadditional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		Street Address:	i
Registration Division of 0	Section Corporations	Registration Sect Division of Corp	
P.O. Box 63	27	The Centre of Ta	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



OSAURE & OBBEYONO MULTI SERVICES LLC

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

			*** / / · ·
The Articles of Organization for this Limited I		were filed on <u>04/19/2023</u>	•
Florida document number 1.23000193265	·		
This amendment is submitted to amend the foll	lowing:		
A. If amending name, enter the new name o	of the limited liah	ility company here:	
N A			
The new name must be distinguishable and contain the	words "Limned Liabi	lity Company," the designation "LI	I.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:		
(Principal office address MUST BE A STREI	<u>et address)</u>	N/A	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		<u>N/A</u>	
R - If amending the revistered agent and/or	revistered office	address on our records, ent	er the name of the new registers
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our records, ent	er the name of the new registere
	ess here:		
	ess here:		
Name of New Registered Agent:	ess here:	address on our records, ent	
agent and/or the new registered office addre	N.A		
Name of New Registered Agent:	N.A	Enter Florida street add	ress
Name of New Registered Agent:	N.A	Enter Florida street add	
Name of New Registered Agent:	N.A	Enter Florida street add	ress

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

Title	<u>Name</u>	Address	Type of Action
MGR	WILLIAN DEBROK ARANDA	7121 N ROME AVE TAMPA FL 33604	≣Add
			TChange
		I lAdd	
		DRemove	
		[] Change	
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			URemove
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		"1Change	
			[]Add
		<u> </u>	□Remove
			Change

	CHANGE ARTICLE 4 -ADD THE NEW MANAGER AND THE AUTHORIZED PERSON DETAIL
ffc	ective date, if other than the date of filing:
l'an Not	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 605.020 e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a nument's effective date on the Department of State's records.
	cord 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 effect.
)ati	ed MAYO 4 2023
<i>1</i> 40	Best H
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00

Typed or printed name of signee