

L23000210429

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

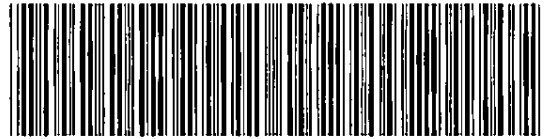
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Os. Productions 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:

Mary Keim Vega Perez
10/13/2023

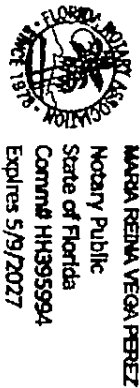
Edwin Oswaldo Lopez SR.
Name of Person

Os. Productions LLC
Firm/Company

6039 Cypress Gardens Blvd Suite 595
Address

Winter Haven FL 33884
City/State and Zip Code

Os Productions007@gmail.com
E-mail address: (to be used for future annual report notification)



For further information concerning this matter, please call:

Edwin Oswaldo Lopez SR at (863) 618-6469
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

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STATE
TALLAHASSEE, FL

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Os. Productions 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 4/28/2023 and assigned
Florida document number L23000210429.

This amendment is submitted to amend the following:

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

N/A
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)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

Edwin Oswaldo Lopez Sr.

New Registered Office Address:

6039 Cypress Gardens Blvd Suite 505

Enter Florida street address

Winter Haven

City

Florida

33884

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.

Maria Reina Vega Perez
10/13/2023

[Signature]

If Changing Registered Agent, Signature of New Registered Agent



MARIA REINA VEGA PEREZ
Notary Public
State of Florida
Comm# HH395994
Expires 5/9/2027

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Please add "SR." to Edwin Oswaldo Lopez SR.
He is the Manager and the "Registered Agent".
I left out the "SR." on my first amendment.
Please add it. Thank you very much.

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E. Effective date, if other than the date of filing: NA (optional)

(If 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 (3)(b)

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.

If the 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 record is filed.

Dated 10/13/23

E. O. Lopez

Signature of a member or authorized representative of a member

Edwin Oswaldo Lopez


Typed or printed name of signee



MARIA REINA VEGA PEREZ
Notary Public
State of Florida
Comm# HH395994
Expires 5/9/2027
10/13/23

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	Name	Address	Type of Action
MGR	Edwin Oswaldo Lopez	6039 Cypress Gardens Blvd	<input checked="" type="checkbox"/> Add
	Maria Reina Vega Perez	10113/2023	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	NA		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
	NA		<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
	NA		<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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	NA		<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE, FL