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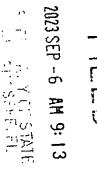
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: OSECHOS Cubillan 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:
Miguel A Osechos Name of Person
Osechos Cubillan Construction LLC
7847 Lisa Dr. E
Jacksonville FL 32217 City/State and Zip Code
Miquel OSCONAS @ amail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Miguel A OSECHOS at (904) 649 - 4055 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{S30.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\text{Certified Copy (additional copy is enclosed)}\$\$\$ Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liab)	an Construct	ion LLC	_
(A Florid	lity Company as it now appears of da Limited Liability Company)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
The Articles of Organization for this Limited Liability	Company were filed on	7/26/2023 and	l assigned
Florida document number <u>L2300035 2447</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company her	<u>₽</u> :	
Osechas Waill	OI(1 — — — —		
The new name must be distinguishable and contain the words "Li	mited Liability Company," the desi	gnation "LLC" or the abbreviation	n "L.L.C."
Enter new principal offices address, if applicable:		<u></u>	
(Principal office address MUST BE A STREET ADD	ORESS)	023 S	
		-6	
Enter new mailing address, if applicable:		<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)		و کا	
			•
B. If amending the registered agent and/or register agent and/or the new registered office address here:		ords, <u>enter the name of the</u>	new registered
	•		
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Address.	Enter Florid	a street address	
		, Florida	
	City	Zip C	ode

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 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>	Type of Action
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		-	Remove
			Change
			
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(If an ef <u>Note:</u>	ive date, if other than the date of filing:
If the recor	rd 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.
Dated	August 25th, 2023
	Signature of a member or authorized representative of a member
	Miguel A Osechas Typed or printed name of signee