

L23000440800

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

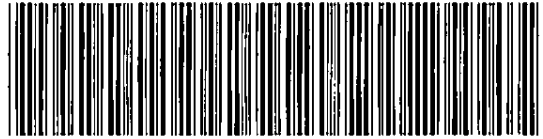
(Business Entity Name)

(Document Number)

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2024 JAN -3 PM 1:51  
CLERK OF STATE  
TALLAHASSEE, FL

KH  
1/23/24



Ossa Menor LLC  
Alejandro Ossa  
alossa@me.com

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## Cover Letter

Re: Amendment To LLC  
Filed on Sep 21st 2023.

• CORRECT & COMPLETE ADDRESS :

OSSA menor LLC  
6910 NW 50th. ST.  
Suite: 299-112  
Miami FL 33195

Thanks

  
Alejandro Ossa  
Ossa Menor LLC

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: OSSA MENOR 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:

ALEJANDRO OSSA  
Name of Person  
OSSA MENOR LLC  
Firm/Company  
6910 NW 50TH ST. #299-112  
Address  
MIAMI FL 33195  
City/State and Zip Code  
ALOSSA@ME.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALEJANDRO OSSA at ( 954 ) 607-2096  
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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SECRETARY OF STATE  
TALLAHASSEE, FL

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

OSSA MENOR 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 SEP 21 / 2023 and assigned  
Florida document number L23000440800.

This amendment is submitted to amend the following:

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

X

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)**

6910 NW 50TH ST.

Suite 299-112

MIAMI FL 33195

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

6910 NW 50TH ST.

Suite 299-112

MIAMI FL 33195

**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:

X

New Registered Office Address:

X

Enter Florida street address

X

Florida

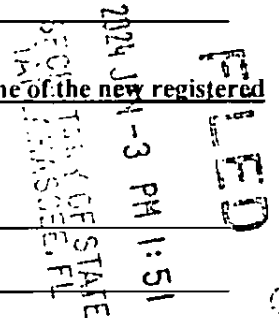
City

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>
X VOID	X VOID	X VOID	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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SECRETARY OF STATE

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

X VOID

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (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 OCTOBER 12th, 2023

Signature of a member or authorized representative of a member

ALEJANDRO OSSA

Typed or printed name of signee

[illegible]