LZ400030268Z

Office Use Only



700433354657

07/19/24--01024--006 **25.00

2012 JUL 19 AMI1: 27

COVER LETTER

Division of Cor	porations		
SUBJECT:	OSSILS BY PAH,	ited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	TEVENCE	Name of Person	
	FOS	SA	
		Firm/Company	
	404 E.	Anderson St	
	Orlano	Address 729	301
	E-mail address: (1	City/State and Zip Code CylyS	OU COM
For further information co	oncerning this matter, please ca	all:	
TUNINO Name of	MAGERS	a1 (40) 496-	2572 Telephone Number
Enclosed is a check for th	e 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:

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FOSSIS BY KI	H. LC	
(Name of the Limited Liability Compa (A Florida Limited	inv as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	-1 $(c_1 c_2)$	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	$\overline{\mathcal{M}}$	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered office a	address on our records, enter the nan	ne of the new registe
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		77
ivew registered office reduces.	Enter Florida street address	
	. Florida	19
	, Florida	Zip Ep de PG.; .
iew Registered Agent's Signature, if changing Registered Agent:		= = = = = = = = = = = = = = = = = = = =
basely against the appointment as registered against and again	and a market delicana and the state of	No.

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			☐ Remove
			Change
			□Add
			□ Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			Change
			□Add
			□Remove
			□Change

	•
 	•
 	•
 2012	_
12 JU	
	ـــــــــــــــــــــــــــــــــــــ
9 4H	. :: ::::::::::::::::::::::::::::::::::
—— — —	
 2	