

L24000419964

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

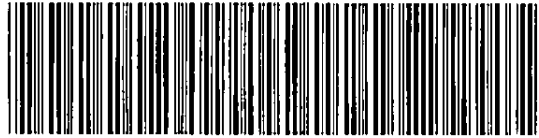
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SECRETARY OF STATE
TALLAHASSEE, FL

[Handwritten signature]

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OSAR PROJECT, 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:

ESDRAS NAVARRO

Name of Person

E&Y ACCOUNTING SERVICES INC

Firm/Company

7520 NW 104TH AVE SUITE 103 BOX 175

Address

DORAL, FL 33178

City/State and Zip Code

navarro@esdrastaxpro.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Esdras Navarro

at (786) 4416968

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

SECRETARY OF STATE
TALLAHASSEE, FL

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OSAR PROJECT, LLC

The Articles of Organization for this Limited Liability Company were filed on 09/26/2024 and assigned Florida document number L24000419964.

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

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>	<u>Type of Action</u>
MGR	ALVAREZ RONDON, OLIVER S	9741 SW 152nd Street apt 204	<input type="checkbox"/> Add
		Miami FL, 33157	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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TALLAHASSEE

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TALLAHASSEE, FL

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.

Dated OCTOBER 31 2024

Oliver S. Alvarez London
Typed or printed name of signer

Filing Fee: \$25.00