

LO5000002124

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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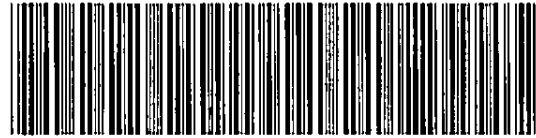
(Business Entity Name)

(Document Number)

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2017 NOV 21 AM 11:31  
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303

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 169 olympus, 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:

rafael yehoshua  
Name of Person  
169 olympus llc  
Firm/Company  
2240 bartow ave  
Address  
bronx NY 10475  
City/State and Zip Code  
2240bk@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

rafael yehoshua  
Name of Person  
516 9675519  
at ( ) 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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

FILED  
2011 NOV 21 AM 11:31  
CLERK OF SUPERIOR COURT  
TALLAHASSEE, FL

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

169 olympus, llc

(Name of the Limited Liability Company as it now appears on our records.)  
(All Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/07/20005 and assigned  
Florida document number L05000002124

This amendment is submitted to amend the following:

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

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)

2240 BARTOW AVE

BRONX NY 10475

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2240 BARTOW AVE

BRONX NY 10475

**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:

RAFAEL YEHOASHUA

New Registered Office Address:

10894 DENVER DRIVE

*Enter Florida street address*

COOPER CITY

*City*

Florida 33026

*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>
MGR	SIMA RAN		<input type="checkbox"/> Add
		2241 NE 192ND STREET AVENT	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	RAFAEL YEHOASHUA		<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SHIFRA YEHOASHUA	2240 BARTOW AVE BX NY 104	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

PLEASE REMOVE SIMA RAN FROM 169 OLYMPUS .LLC

E. Effective date, if other than the date of filing: NOVEMBER 10 2017 (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 NOVEMBER 14TH

2017

Signature of a member or authorized representative of a member

RAFAEL YEHOSHUA

Typed or printed name of signee