L05000054118

(Re	questor's Name)	
(Ad	dress)	<u> </u>
(Ad	dress)	<u> </u>
(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

SUBJECT:	OLIVE MAR	TINI 1, LLC		
SUBJECT.	•	Name of Limi	ited Liability Company	
The enclosed	Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return	all correspond	dence concerning this matter	to the following:	
		GREGORY W. KABEL, E	ESQ.	
		-	Name of Person	
		KABEL LAW		
			Firm/Company	
		LE. BROWARD BLVD.,	STE 700	
			Address	
		FT LAUDERDALE, FL 3:	3301	
			City/State and Zip Code	
٠		allergydr@aol.com		
		E-mail address: ()	to be used for future annual report notifica-	ation)
For further in	iformation cor	acerning this matter, please ca	all:	
Greg Kabel			954 761-7770 at ()	
	Name of I	erson	Area Code Daytime T	Celephone Number
Enclosed is a	check for the	following amount:		
□ \$25.00 F	iling 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

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	OLIVE MAR	CTINI I, LLC	
(Name of the Limited	d Liability Compa A Florida Limited I	ny as it now appears on our records.) Liability Company)	
he Articles of Organization for this Limited Lia forida document number <u>L05000054118</u>	bility Company	were filed on June 1, 2005	and assigned
his amendment is submitted to amend the follow	wing:		
. If amending name, enter the new name of	the <u>limited liab</u>	ility company here:	
he new name must be distinguishable and contain the wo	rds "Limited Liabi	lity Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		c/o Elena Ubals-Stroud	. 9
(Principal office address MUST BE A STREET ADD)		1356 Monroe Street	SEC.
		Hollywood, FL 33019	一 · · · · · · · · · · · · · · · · · · ·
			- 12 - 12 - 12 - 12 - 12 - 12 - 12 - 12
Enter new mailing address, if applicable:			P 220
Mailing address MAY BE A POST OFFICE B	3 <i>0X</i>)	 	?: £
maning address MAT BE A FOST OFFICE BOX)			<u> </u>
. If amending the registered agent and/o egistered agent and/or the new registered off			enter the name of th
Name of New Registered Agent:	Gregory W. Ka	bel	
New Registered Office Address:	1 E. Broward E	Blvd., Ste 700	
<u> </u>		Enter Florida street address	
	Ft Lauderdale	Flori	da <u>33301</u>
		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.

H Changing Registered Agent, Signature of New Registered Agent

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
MGR	STROUD, NICHOLAS		
		1356 Monroe Street Hollywood, FL 33019	■ Remove
			□ Change
MGR	UBAL-STROUD, ELENA	1356 Monroe Street Hollywood, FL 33019	B Add
			Remove
			Change
			☐ Remove
•			Change
· .		-	D Add
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			□ Remove
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fective date, if other than the dan effective date is listed, the date must	be specific and cannot be pri-			ng.) Pursuant to (
ote: If the date inserted in this bloo ocument's effective date on the Dep	partment of State's record	s.	requirements, tins da	ne wiii noi be i	isted a:
s record experience adalasted	offostive data but a	at an affantive ti		+	-1:
e record specifies a delayed The 90th day after the reco		ot an enective ti	me, at 12.01 a.n	i. on the ea	riiei o
September 21	2018				
ated		· ·			
	1 7 /	horized representative			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00