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SECRETARY OF STATE
ALLAHASSEF P

# **COVER LETTER**

TO: Registration Section  Division of Corporations
SUBJECT: Olympic Title L.L.C. (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:
Veronica Bergeron (Name of Person)
Olympic Title L.L.C. (Firm/Company)
6801 Lake Worth Rd., Ste 33 P.S. S.
Lake Worth, FL 33467  (City/State and Zip Code)  For further information concerning this matter, please call:
Veronica Bergeron at (561) 968-5500 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\square\$\$\$30.00 Filing Fee & \$\square\$\$\$\$\$55.00 Filing Fee & \$\square\$

## **MAILING ADDRESS:**

Certificate of Status

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

Certificate of Status & Certified Copy

(additional copy is enclosed)

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

Certified Copy (additional copy is enclosed)

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

_ Olympic litle, L.L.C	<u> </u>
( <u>Name of the Limited Liability Company as it now a</u> (A Florida Limited Liability Compa	opears on our records.) ny)
The Articles of Organization for this Limited Liability Company were filed on	December 6, 2005 and assigned
Florida document number <u>L05000 116630</u> .	- , ,
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 end with the words "Limited Liability C	ompany," the designation "LLC" or the abbreviation
"L.L.C."	TAS 2
Enter new principal offices address, if applicable:	700 <b>8</b>
(Principal office address MUST BE A STREET ADDRESS)	
	AR.
	re in
Enter new mailing address, if applicable:	FEST D
(Mailing address MAY BE A POST OFFICE BOX)	ORDA :
	<u> </u>
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
	(Enter Florida street address)
	, 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Title <u>Name</u> **Address Type of Action** 13201 SW 16th Ct Davic, FL 33325 Matthew Gulla MGRM Terence Smith MGRM 8904 S Kendale Circle Add Lake Worth, FL 33467 Remove Rene Rodriguez MGRM 3060 Birch Terr Davie, FL 33330 Add Remove Remove 🗖 Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) \_\_\_\_, <u>2008</u> . Signature of a member or authorized representative of a member Veronica Bergeron
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00