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(Re	questor's Name)	
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(Ad	dress)	 -
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
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> MAY 23 2019 I ALBRITTON

COVER LETTER

TO:	Registration Sec Division of Corp			
aun ir	M.Olsen G	roup LLC		
SUBJE	.CT:	Name of Lim	ited Liability Company	
The end	closed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		Matthew R. Olsen		
		M.Olsen Group LLC	Name of Person	
		11701 Highland Place	Firm/Company	
		Coral Springs, FL 33071	Address	
		matt.olsen@nm.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notifi	ication)
For fur	ther information co	oncerning this matter, please ca	all:	
Matthe	ew R. Olsen		954 815-6532 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for th	e following amount:		
□ \$ 25	5.00 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
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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

2019 - 3 Fit 3: 28 **OF**

Olsen Group LLC

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

The Articles of Organization for this Limited L	iability Company	were filed on 01/0	03/2007 and assigned	
Florida document number L07000000764	·		_	
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liab	ility company her	<u>e</u> :	
M.Olsen Group LLC				
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the des	signation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applic	able:	1515 S. Federal	Hwy., Suite 208	
(Principal office address MUST BE A STREET ADDRESS)		Boca Raton, FL 33432		
				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	BOX)	Boca Raton, FL 33432		
B. If amending the registered agent and/ registered agent and/or the new registered of Name of New Registered Agent:		<u>e</u> :	our records, enter the name of the ne	
New Registered Office Address:	11701 Highlar	nd Place		
New Registered Office Fradress.				
	Coral Springs		, Florida 33071	
		City	Zip Code	
New Registered Agent's Signature, if changing I	Registered Agent:			
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as regibeing filed to merely reflect a change in the company has been notified in writing of this	er and complete stered agent as p registered office	performance of norovided for in Ch	y duties, and I am familiar with and apter 605, F.S. Or, if this document is	
	If Char	iging Registered Age	nt, 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>	Address	Type of Action
			
			□ Remove
			Change
			Remove
			□ Remove
			Remove
			Change
			Remove
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	ate of filing:	r to date of filing or more tha	(optional) n 90 days after filing.) Pursuant to 6	5 05.02 07
an effective date is listed, the date must bote: If the date inserted in this block	k does not meet the applic	cable statutory filing requ	irements, this date will not be I	isted as
an effective date is listed, the date must bote: If the date inserted in this block ocument's effective date on the Department of the property	k does not meet the applic artment of State's records effective date, but no			isted as
an effective date is listed, the date must biote: If the date inserted in this block ocument's effective date on the Department specifies a delayed effective date on the The 90th day after the record May 7th	k does not meet the applic artment of State's records effective date, but no			isted as
ffective date, if other than the data an effective date is listed, the date must be listed. If the date inserted in this block occument's effective date on the Department of the specifies and entire free free free free free free free f	k does not meet the applic artment of State's records effective date, but no d is filed.			isted as
an effective date is listed, the date must be lote: If the date inserted in this block occument's effective date on the Department's effective date on the Department's pecifies a delayed effective date of the 90th day after the record attending May 7th	k does not meet the applic artment of State's records effective date, but no d is filed.	ot an effective time,	at 12:01 a.m. on the ear	isted as

Page 3 of 3

Filing Fee: \$25.00