

207000102514

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

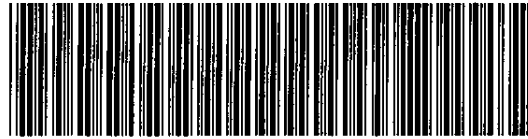
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EXAMINER



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DIVISION OF CORPORATIONS

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B. KOHR

SEP - 8 2011

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: OLCO 1, 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:

Michael D. Fowler, Esq.

Name of Person

The Estate, Trust & Elder Law Firm, P.L.

Firm/Company

240 NW Peacock Boulevard, Suite 102

Address

Port St. Lucie, FL 34986

City/State and Zip Code

mfowler@etelf.com

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

For further information concerning this matter, please call:

Donna Baummier, Paralegal

Name of Person

at (772)

878-7271

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

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

OLCO 1, LLC

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

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The Articles of Organization for this Limited Liability Company were filed on October 9, 2007 and assigned
Florida document number L07000102514.

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 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

M.D. FOWLER, PRES

The Estate, Trust & Elder Law Firm, P.L.

New Registered Office Address:

240 NW Peacock Boulevard, Suite 102

Enter Florida street address

Port St. Lucie

City

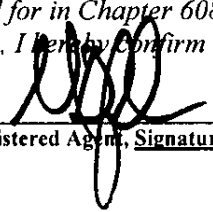
Florida

34986

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

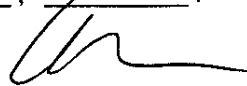
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JACQUES COLLIN	356 E. Midway Road Ft. Pierce, FL 34982	☒ Add ☐ Remove
MGRM	ELIZABETH COLLIN	356 E. Midway Road Ft. Pierce, FL 34982	☒ Add ☐ Remove
MGR	BERJAN COLLIN	6630 SW Gator Trail Palm City, FL 34990	☐ Add ☒ Remove
MGRM	KIERSTEN COLLIN a/k/a KIERSTEN OHLSON	6630 SW Gator Trail Palm City, FL 34990	☐ Add ☒ Remove
MGRM	BERJAN COLLIN as Trustee of THE JACQUES AND ELIZABETH COLLIN IRREVOCABLE TRUST, dated July 1, 2011	6630 SW Gator Trail Palm City, FL 34990	☒ Add ☐ Remove
			☐ Add ☐ Remove

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

Dated July 1st, 2011

X



Signature of a member or authorized representative of a member

X

Collin Berjon

Typed or printed name of signee