U8000 24692

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
·					

Office Use Only

Transfer Statement accepted and filed as amendment in error on part of this office. Amendment application accepted to include Transfer Statement as addendum; mmilligan; 11/30/16



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10/18/16--01003--003 **25.00

OCT 1 8 2016 S. YOUNG SECRETARY OF STATE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Olson-Updike Groves, LLC			
(Name of the Limite	d Liability Comp A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Lia		y were filed on March 10, 2008	and assigned
Florida document number L08000024692	·		
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited lia	bility company here:	
N/A			
The new name must be distinguishable and contain the wo	rds "Limited Liab	ility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	N/A	
(Principal office address MUST BE A STREET	ADDRESS)		<u></u> <u> </u>
Enter new mailing address, if applicable:		N/A	X S X X
(Mailing address MAY BE A POST OFFICE BOX)			
			777 - 1
			22 F
B. If amending the registered agent and/o	r registered o	office address on our records, e	~~ ~~ .
registered agent and/or the new registered off	ce address he	re:	
Name of New Registered Agent:	N/A		
New Registered Office Address:			
rem registered tritte radiess.			
		, Florid	0
		City , Fioria	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>	Name	<u>Address</u>	Type of Action
MGRM	Updike, Clint D., II	1730 Crump Road	Add
		Winter Haven, FL 33880	Remove
			☐ Change
			□ Add
			Remove A(f) C C C C C C C C C C C C C C C C C C C
			NAME OF THE PARTY
			□ Remove
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N/A					
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tive date, if other than the date of filing:	be prior to date of	filing or more than 90	(optional) days after filing.) Put	rsuant to 605	.0207
If the date inserted in this block does not meet the	applicable statu	tory filing requiren	ents, this date will	not be list	ed as
ment's effective date on the Department of State's r	ecords.				
cord specifies a delayed effective date, to	ut not an eff	ective time, at	12:01 a.m. on	the earli	er of
e 90th day after the record is filed.					
November 17 2016	,	•			
	; 				
Katherin W Ol	·				
[
Signature of a member	or authorized renn	sentative of a memb	er		

Page 3 of 3

Filing Fee: \$25.00

COVER LETTER

	egistration Security				
		kc Groves, LLC	7		
SUBJECT	:	Name of Limi	ited Liability Company		
The enclose	ed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please retui	m all correspon	ndence concerning this matter	to the following:		
		Alyssa M. Pickles			
			Name of Person		
Taylor & Associates, Attorneys at Law, P.L.					
Fim/Company					16 16
20 3d Street, S.W., Suite 209					8 2
			Address		8
		Winter Haven, FL 33880			16 OCT 18 PH 4: 44
			City/State and Zip Code		₹.
		katcolson1003@gmail.com	to be used for future annual report notifi	ication)	1 (2)
For further	information co	oncerning this matter, please ca		,	
Alyssa M.			863 875-6950		
	Name of	Person	Area Code Daytime	Telephone Number	
Enclosed is	s a check for th	e 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 Statu Certified Copy (additional copy is encl	

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

TRANSFER STATEMENT

Pursuant to Florida Statutes §§ 605.0206, 605.0502, and 679.619, this limited liability company submits the following Transfer Statement:

- 1. The name of the limited liability company is Olson-Updike Groves, LLC.
- 2. The Florida Document Number of the limited liability company is L08000024692.
- 3. David C. Updike, II; a/k/a D. Clint Updike, II; a/k/a D. Clinton Updike, II; a/k/a David C. Updike; and a/k/a Clint Updike, (collectively "Updike"), has defaulted in connection with an obligation secured by specified Membership Units in Olson-Updike Groves, L.L.C.
- 4. Katherine W. Olson, individually and as Managing Member of Olson-Updike Groves, LLC ("Olson"), and a non-defaulting member, has exercised her post-default remedies with respect to the Membership Units.
- 5. That by reason of the exercise, Olson has acquired the rights of Updike in all the Membership Units, as ordered in the Final Judgment After Default on Cross-Claim Count V For Strict Foreclosure, entered on September 15, 2016, in an action styled CenterState Bank of Florida, N.A., v. David C. Updike, II, at al., Polk County, Florida, Circuit Case No. 2015-CA-000919-0000-00 ("Final Judgment").
- 6. The Final Judgment operates to foreclose any legal title, equitable title, and other ownership interests in all of Updike's Membership Units, and to vest all the foreclosed titles and ownership interests into Olson.
- 7. Updike has no further legal, equitable, or other ownership interest in Olson-Updike Groves, LLC.

SEUNE TARY OF STATES

8. The names and mailing addresses of Olson, as the secured party and transferee,

and Updike, as the debtor, are as follows:

Olson/Transferce:

Katherine W. Olson P.O. Box 909 Dundee, FL 33838

Updike/Debtor:

David C. Updike, II, [Identified as D. Clint Updike, II, on April 18, 2016, Annual Report filing] 1730 Crump Road Winter Haven, FL 33881

Dated September ____, 2016,

Katherine W. Olson,

Individually and as Managing Member of

Olson-Updike Groves, LLC

16 OCT IR PM L: LL