

L0800004/351

(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:

**A. LUNT**

JUN 27 2008

**EXAMINER**

Office Use Only



500131572975

06/24/08--01009--007 \*\*25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2008 JUN 25 A 10:45

**FILED**

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** The Olive Branch Agency 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:

Debra A Nix Handlen  
(Name of Person)

The Olive Branch Agency LLC  
(Firm/Company)

4313 W Oklahoma Ave  
(Address)

TPA FL 33616  
(City/State and Zip Code)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2000 JUN 25 A 10:45

FILED

For further information concerning this matter, please call:

Patricia Lynn Workman at 813 303 5650  
(Name of Person) (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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

The Olive Branch Agency 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 Liability Company were filed on 4. 27 08 and assigned Florida document number 208000041351

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The Olive Branch Agency LLC

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)

4351 Lansdale Cir  
Tampa FL 33616

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO Box 1434  
Bartow FL 33831

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:

Patricia Lynn Workman

New Registered Office Address:

6351 Lansdale Cir

(Enter Florida street address)

Tampa

Florida

33616

(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.

[Signature]  
(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>
	Debra A. Vix	4313 W Oklahoma Ave	<input type="checkbox"/> Add
	Handwritten	Tampa FL 33616	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2000 JUN 25 A 10:45  
SECRETARY OF STATE  
TAMPA, FLORIDA

FILED

Dated \_\_\_\_\_

*[Handwritten Signature]*

Signature of a member or authorized representative of a member

Patricea Lynn Workman

Typed or printed name of signee