

LD8000072310

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(Address)

(Address)

(City/State/Zip/Phone #)

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10 MAY 13 PM 12:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Thetis People, LLC
Name of Limited Liability Company DBA: i heart olive oil

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Beth Haralson

Name of Person

Thetis People, LLC DBA: i heart Olive Oil

Firm/Company

1513 SE 2nd Ct

Address

FT Lauderdale, FL 33301

City/State and Zip Code

beth.haralson@iheartoliveoil.com

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

For further information concerning this matter, please call:

Beth Haralson

Name of Person

at (954)

478-9388

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**

Thetis People, LLC DBA: I Heart Olive Oil
(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 7/28/2008 and assigned
Florida document number L08000072310.

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**)

1513 SE 2nd CT
Ft Lauderdale, FL 33301

Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

1513 SE 2nd Ct
Ft Lauderdale, FL 33301

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:

Beth Haralson

New Registered Office Address:

1513 SE 2nd CT

Enter Florida street address

FT Lauderdale

Florida

City

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10 MAY 3 33301
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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	Beth Sadowsky	1513 se 2nd ct ft lauderdale, FL 33301	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Beth Haralson	1513 se 2nd CT Ft Lauderdale, FL 33301	<input checked="" 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated May 10, 2010

Signature of a member or authorized representative of a member

Beth Haralson

Typed or printed name of signee

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TALLAHASSEE, FLORIDA