## L09000043629

| (Re                                     | questor's Name)   | _               |
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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

## **COVER LETTER**

| TO: Registration Section Division of Corporations  |  |  |  |
|--|--|--|--|
| SUBJECT: OLUE TREE PATENTS 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:  |  |  |  |
| Name of Person   |  |  |  |
| OUUE TREE PATENTS 1 LLC Firm/Company   |  |  |  |
| 3036 W. BEARSS AVENUE Address  |  |  |  |
| TAMPA FC 33618  City/State and Zip Code  |  |  |  |
| Jay & the fechtel company - com E-mail address: (to be used for future annual report notification)   |  |  |  |
| For further information concerning this matter, please call:   |  |  |  |
| Sarai Dougherty at (813) 2104-7778  Name of Person Area Code & Daytime Telephone Number  |  |  |  |
| Enclosed is a check for the following amount:  |  |  |  |
| \$25.00 Filing Fee \$\times \text{S30.00 Filing Fee & Certificate of Status}\$  Certificate of Status \$\times \text{Certified Copy (additional copy is enclosed)}\$  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

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TALL AS TARY OF STATE

| OLIVE THEE PATE   | NTS 1 LCC MELAHASSEE, FLORIDA   |  |  |
|---|---|--|--|
| (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 vi Florida document number <u>L0900043629</u> .   | were filed on MAY 5, 2009 and assigned  |  |  |
| This amendment is submitted to amend the following:   |   |  |  |
| A. If amending name, enter the new name of the limited liabil   | ity company here:   |  |  |
| The new name must be distinguishable and end with the words "Limite" L.L.C."  | ed Liability Company," the designation "LLC" or the abbreviation  |  |  |
| Enter new principal offices address, if applicable:   | NIA   |  |  |
| (Principal office address MUST BE A STREET ADDRESS)   |   |  |  |
|   |   |  |  |
| Enter new mailing address, if applicable:   | U A   |  |  |
| (Mailing address MAY BE A POST OFFICE BOX)  |   |  |  |
| B. If amending the registered agent and/or registered office address here   |   |  |  |
| Name of New Registered Agent:   | NIA   |  |  |
| New Registered Office Address:  | Enter Florida street address  |  |  |
|   | , Florida   |  |  |
|   | City Zip Code   |  |  |
| New Registered Agent's Signature, if changing Registered Agent:   |   |  |  |
| I hereby accept the appointment as registered agent and agre<br>the provisions of all statutes relative to the proper and comple<br>accept the obligations of my position as registered agent as pa<br>being filed to merely reflect a change in the registered office of<br>company has been notified in writing of this change. | ete performance of my duties, and I am familiar with and rovided for in Chapter 608, F.S. Or, if this document is |  |  |

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> **Address Type of Action** <u>Name</u> mge THOMAS H. HEBERT □ Add Remove ☐ Add Remove ☐ Add ☐ Remove ∏Add Remove ∐Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Sept 22 Dated Signature of a member or aut UINCENT J. FECHTEL III
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00