L0900047548

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
		:

Office Use Only



800175359258

04/14/10--01009--017 **25.00

DIVISION OF CORPORATION

T. HAMPTON

APR 1 5 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Olakanye 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:
Courtney Up Shaw Name of Person
Pilates Soul Firm/Company
3051 SW 27 MAVE #203
Coconut Grave, FL 33133
City/State and Zip Code Pia-les Sou @ G mail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Courney Opshaw at (305), 968-7742 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount: \$\sum_{\text{S25.00 Filing Fee}} \sum_{\text{S30.00 Filing Fee}} \sum_{\text{S55.00 Filing Fee}} \sum_{\text{S60.00 Filing Fee}} \sum_{\text{Certified Copy}} \sum_{\text{Cartified Copy}} \sum_{\text{Certified Copy}} \sum_{\text{Certified Copy}} \sum_{\text{(additional copy is enclosed)}} \sum_{(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

0	F 🚆
(Name of the Limited Liability Compa (A Florida Limited I	Inv as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number LOQOOO47548.	were filed on May 15, 2009 and a sened STATE
This amendment is submitted to amend the following:	<u>ਨੂੰ</u>
A. If amending name, enter the new name of the limited liable control of the limited liable control of the limited liable and end with the words "Limited Liable control of the limited li	LCC
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	3051 SW 27 Ave #203 CoConut Grave, FC 33133
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2051 SW A7th Ave Ha03 Coconuf Grave, FL 33133
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zin 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

<u>Name</u>	Address	Type of Action
 		Add Remove
		Add Remove
		Add Remove
	change(s) here: (Attach additional sheets, if necessary.)	SECKETARY OF STATE DIVISION OF CORPORATIONS 10 APR 14 AM B 8;
	ding any other information, enter	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 2 of 2

Filing Fee: \$25.00