

L10000023071

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

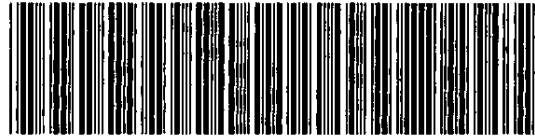
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700180649597

05/12/10--01030--002 **55.00

FILED
2010 MAY 12 PM 4:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

MAY 13 2010

EXAMINER

WILLIAM P. JACOBSON P.A.
105 S. NARCISSUS AVENUE SUITE 200
WEST PALM BEACH, FLORIDA 33401
PHONE 561-833-4440
FACSIMILE 561-833-3511
BILL@WPJLAW.COM

May 11, 2010

State of Florida
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Articles of Amendment to Articles of Organization of Olive Equisitions, LLC
Florida Document No. L10000023071

Dear Sir/Madam,

Please find enclosed our check no. 4349, in the amount of \$55.00 along with the Articles of Amendment to Articles of Organization of Olive Equisitions, LLC.

Please return the certified copy of this document as requested in the return envelope.

If you should have any questions, please feel free to contact the undersigned,

Thank you.

Sincerely,



Linda Luong

Asst. to William P. Jacobson, PA

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Olive Equisations, 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:

Scott J. Wortman

Name of Person

Korte & Wortman, P.A.

Firm/Company

2041 Vista Parkway, Suite 102

Address

West Palm Beach, Florida 33411

City/State and Zip Code

swortman@kwlawfirm.com

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

For further information concerning this matter, please call:

Scott J. Wortman

Name of Person

at (561)

228-6200

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

FILED

2010 MAY 12 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Olive Equisitions, 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 3/2/2010 and assigned
Florida document number L10000023071.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

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 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	Natalia Mogilevsky	12 Martinique Cove Palm Beach Gardens, Florida 33418	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Ben Izhak	12 Martinique Cove Palm Beach Gardens, Florida 33418	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Scott J. Wortman	10572 Arcole Court Wellington, Florida 33449	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	WileyBear, LLC		<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

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

Dated

April 16

2010


Signature of a member or authorized representative of a member

Scott J. Wortman

Typed or printed name of signee

2010 MAY 12 PM 4:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED