L16000 121926

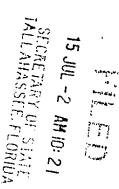
(Re	questor's Name)	
(Ad	dress)	· .
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



900274573419

900274573419 07/02/15--01021--017 **25.00



JUL 0 6 2015 J SHIVERS

COVER LETTER

TO:	Registration Se Division of Cor		,	
CUD II		OPERTIES LLC		
SUBJI	sci:	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		SHARON ARGOV		
		· · · ·	Name of Person	-
		OLAM PROPERTIES LLO	C	
		•	Firm/Company	
		1732 VESTAL WAY		
			Address	
		CORAL SPRINGS, FL 33	071	
			City/State and Zip Code	
		OLAMPROPERTIES@GM		
		E-mail address; (to be used for future annual report noti	fication)
For fur	ther information c	oncerning this matter, please ca	all:	
SHAR	ON ARGOV		954 803-0201 at ()	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclos	ed is a check for th	ne following amount:		
\$2.	5.00 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

OLAM PROPERTIES LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number L10000121926	pany were filed on 11/24/2010	and assigned
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 contain the words "Limited I.	Liability Company," the designation "LLC" of	r the abbreviation "L L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	·
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		enter the name of the nev
Name of New Registered Agent:		15 J
New Registered Office Address:	Enter Florida street address	INAY L
	, Flori	da
New Registered Agent's Signature, if changing Registered Ag	City ent:	ZpCode

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 605. 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.

New Registered Agent's Signature, if changing Registered Agent:

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	RAMI ARGOV	1732 VESTAL WAY, CORAL SPI	Add
			Remove
			Change
			□ Add
			☐ Remove
			☐ Change
			Add
		· · · · · · · · · · · · · · · · · · ·	☐ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
			☐ Remove
			☐ Change
			
			☐ Remove
			Change

•	•				
				• • •	
					
	<u> </u>				
					
 	·				
	·		·-····································		
					
					*
			-		
		•			
ective date, if other tha	n the date of filing	g:		(optional)	
effective date is listed, the dite: If the date inserted in	ate must be specific and this block does not n	d cannot be prior to dat meet the applicable:	e of filing or more than 9 statutory filing require	0 days after filing.) Purs	uant to 605.02 not be listed:
ument's effective date on	the Department of S	State's records.	maior) ming require);
				<u>*</u>	3 6
rocard enacifies a de	dayed offective o	data but not an	offective time at	12:01 a m amil	he earlier
ument's effective date on record specifies a de he 90th day after th	e record is filed.	jace, but not an	enective time, at	12.01 a.m. gree	
,,,				E G	3
				7.5	
ed		•		JAI JRI	AH 10: 32
	() (A)	L		22.7	O
2			representative of a men		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00