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SECRETARY OF STATE

ALLAHASSEE, FIRE

D. BRUCE 0CT 28 2011

EXAMINER

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Corporations Olympic Capital LLC SUBJECT: 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: Kathleen Guerzon Name of Person Olympic Capital LLC Firm/Company 1013 Lucerne Ave Ste 202 Address Lake Worth, FL 33460 City/State and Zip Code kg@olympiccap.com

E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Joe Puleo or Kathi Guerzon at (_561_) Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: \$60.00 Filing Fee, \$55.00 Filing Fee & \$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status & Certified Copy Certificate of Status (additional copy is enclosed) Certified Copy (additional copy is enclosed) STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section **Division of Corporations** Division of Corporations Clifton Building P.O. Box 6327

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

(Name of the Limit	Olympic Capital LLC ed Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.		
The Articles of Organization for this Limited Florida document numberL1100002		February 25, 2011	and assigned	
This amendment is submitted to amend the fo	llowing:			
A. If amending name, <u>enter the new name</u>	of the limited liability company her	<u>e</u> :		
The new name must be distinguishable and end v "L.L.C."	vith the words "Limited Liability Compa	ny," the designation "I	LC" or the abbreviatio	
Enter new principal offices address, if appl	icable:			
(Principal office address MUST BE A STRE	ET ADDRESS)		2(
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B. If amending the registered agent and registered agent and/or the new registered	l/or registered office address on o	ce address on our records, enter the name of the ne		
Name of New Registered Agent:	Joseph V. Puleo	** ** **		
New Registered Office Address:	1013 Lucerne Ave Ste 202 Ent	er Florida street add	ress	
	Lake Worth	, Florida	33460	
V 10 14 14 14 15 15 15 15 15 15 15 15 15 15 15 15 15	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 pereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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an amenuing 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> **Address** Type of Action MGRM Kathleen aka Kathi Guerzon 1013 Lucerne Ave ✓ Add Ste 202 Remove Lake Worth, FL 33460 1013 Lucerne Ave MGRM Joseph V. Puleo ✓ Add Ste 202 Remove Lake Worth, FL 33460 ☐ Add Remove Add Remove ☐ Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Add FEI # 36-4711061 Dated October 17 2011 Signature of a member or authorized representative of a member Kathleen aka Kathi Guerzon
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00