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COVER LETTER

SUBJECT: OLLEB PROPERTIES 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: WILLIAM BELLD	TO: Registration Section Division of Corporations						
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: WILLIAM BELLO Name of Person OLLEB PROPERTIES LLL Firm/Company 1212 NE 1St ST Address OCALA FL 39470 City/State and Zip Code BILL 3LDS 347 @ GMAIL . COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: WILLIAM BELLO Name of Person at (352) 500 - 1885 Area Code & Daytime Telephone Number Enclosed is a check for the following amount: Securificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	SURJECT: OLO	LEB PROPERTIES LLC					
Please return all correspondence concerning this matter to the following: W LLIAM BELLO Name of Person							
Please return all correspondence concerning this matter to the following: W LLIAM BELLO Name of Person	•						
Name of Person OLLEB PROPERTIES LLL Firm/Company 1212 NE IST ST Address OCALA FL 3A470 City/State and Zip Code BILL 3LDS 3A7 @ GMAIL . COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Person at (352) 500 - 1885 Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: Certificate of Status Certificate of Status & Certificate of Status & Certificate of Status & Certificate Copy (additional copy is enclosed)	The enclosed Articles of A	mendment and fee(s) are submitted for filing.					
OLLEB PROPERTIES LLL Firm/Company 1212 NE 1St ST Address	Please return all correspon	dence concerning this matter to the following:					
OLLEB PROPERTIES LLL Firm/Company 1212 NE IST ST Address DCALA FL 34470 City/State and Zip Code BILL 3L05 A7 @ GMAIL . COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: WILLIAM BELLO at (352) 500-1885 Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: Enclosed is a check for the following amount: Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed)		WILLIAM BELLO Name of Person					
Address DCALA FL 3A470 City/State and Zip Code BILL 3L05 A47 @ GMAIL . COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: WILLIAM BELLO at (350) 500-1885 Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: U\$25.00 Filing Fee \$\Bigsin{squares} \$30.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy		OLLEB PROPERTIES LLL					
City/State and Zip Code BILL 3L05 3A7 @ GMAIL . COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: WILLIAM BELLO at (350) 500 - 1885 Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: U\$25.00 Filing Fee \$\bigcup \$\$30.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy							
BILL 3L05 947 @ GMAIL .COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: WILLIAM BELLO at (352) 500-1885 Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: U\$25.00 Filing Fee \$\bigcup \$							
Name of Person at (352) 5003-1885 Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: \$\Begin{array}{cccccccccccccccccccccccccccccccccccc		BILL 365047@GMAIL.COM					
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\$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	WILLIAM Name of I	BELLO at (352) 500-1885 Person Area Code & Daytime Telephone Number					
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MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 Control of Executive Center Circle Tallahassee, FL 32301	Registrat Division P.O. Box	ion Section Registration Section of Corporations Division of Corporations 6327 Clifton Building see, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301					

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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OLLEB PO	COPERTIES ility Company as it now appea da Limited Liability Company)	SECRETAL AHASS	T 0: 57ATE EE, FEORIDA
(A Flori The Articles of Organization for this Limited Liabilit Florida document number	y Company were filed on		and assigned
This amendment is submitted to amend the following	;;		
A. If amending name, enter the new name of the l	imited liability company he	<u>re</u> :	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Compa	any," the designation "LL	C" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or re registered agent and/or the new registered office a	gistered office address on d	our records, <u>enter the</u>	e name of the new
Name of New Registered Agent:			
New Registered Office Address:	En	ter Florida street addre	ss
		. Florida	
	City	, 2	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 amending the Managers or Managing Members on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Mar MGRM = M	nager Ianaging Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	WILLIAM BELLO	1212 NE 15t St OCALA, FL 34470	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ing any other information, enter change	(s) here: (Attach additional sheets, if necessary	FILED II DEC 12 PH 2: 23 SECRITARY OF STATE SECRITARY OF STATE
Dated De	cember 8 , 20	or authorized representative of a member	23
	WILLIAM BEL	•	

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Filing Fee: \$25.00