L1200000 7103

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cid	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	cument Number)	<u> </u>
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	FEB 1 3	2011
	A. LU	

Office Use Only



400256389054

02/10/14--01012--007 **30.00

COVER LETTER

Division of Corporations	
SUBJECT: The Olive Taste, 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:	
Lori B. Richards Name of Person The Dlive Taste of Delvay, LLC Firm/Company 200 NE 2nd Ave #113 Address Delvay Beach, 7L 33444 City/State and Zip Code Jori. richards Other Olive taste of Jelvay.com Email address (to be used for future angual report polification)	
E-mail address in the association association association and the main address in the association asso	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status □ 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

(Name of the Limited Liability Compa (A Florida Limited I	<u> </u>
The Articles of Organization for this Limited Liability Company Florida document number <u>L 1200000710</u> 3	were filed on Tanuary 17, 2013 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab The Olive Taste of Delvay, The new name must be distinguishable and end with the words "Limited-Libb	the
Enter new principal offices address, if applicable:	2014 TALL
(Principal office address MUST BE A STREET ADDRESS)	ARE TO
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	200 NE 2nd Ave. Fish & Delray Beach, 71 33444
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, <u>enter the name of the new</u>
Name of New Registered Agent:	· -
New Registered Office Address:	From El

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 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.

City

If Changing Registered Agent, Signature of New Registered Agent

MGR = M $MBR = A$	anager uthorized Member		
<u>`itle</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□ Add
			Remove
			
			Remove
			2014 FED TO PRE 35 TALLAHASSEE, FLORIDA
			C Kemove
			Add
			□ Remove
			U Add

	,			
. Effective d (The effective	te, if other than the date of filing:ate must be specific, cannot be prior to date of	receipt or filed date and cannot be mo	(optional) ore than 90 days after	
the date this Dated	ocument is filed by the Florida Department of S	State) 2014		
Dated	oruavy , a			
		\cdot 11 10 V V V V V		
-		per or authorized representative of a		
-	Lore	B. Richard		
-	Lore		i i i i i i i i i i i i i i i i i i i	

Page 3 of 3

Filing Fee: \$25.00