# L12000012535

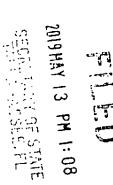
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## **COVER LETTER**

TO:	Registration Se Division of Cor		•					
CHDI	Mount Oliv	re Properties LLC						
2003	Name of Limited Liability Company							
The er	nclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.					
Please	return all correspo	ndence concerning this matter	to the following:					
			Name of Person					
		Blue ICE Properties LLC						
		<del></del>	Firm/Company	<del></del>				
		109 Pacer Circle						
			Address					
		Wellington, Florida 33414						
			City/State and Zip Code					
		Ronen@BlueiceProperties.c	com					
		E-mail address: ()	to be used for future annual report notific	cation)				
For fu	rther information co	oncerning this matter, please ca	all:					
Ronei	n Tish		561 568-6841 at ()					
	Name of	f Person	Area Code Daytime	Telephone Number				
Enclos	sed is a check for th	ne following amount:						
<b>■</b> \$2	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**

Mount Olive Properties LLC				
(Name of the Lim	ted Liability Company as it n (A Florida Limited Liability C	ow appears on our records. Company)	<u>.</u>	
The Articles of Organization for this Limited I Florida document number 1.12000012535	iability Company were fil	ed on 01/26/2012	and assi	gned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name o	of the limited liability con	npany here:		
The new name must be distinguishable and contain the	words "Limited Liability Comp	any," the designation "LLC"	or the abbreviation "L.I	C."
Enter new principal offices address, if appli	cable:			_
(Principal office address MUST BE A STRE	ET ADDRESS)	<u> </u>	2019 SEC	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE  B. If amending the registered agent and	or registered office ad	ice address on our records, enter the name		
registered agent and/or the new registered o	ffice address here:			
Name of New Registered Agent:	BLUE ICE PROPERTII	ES LLC		
New Registered Office Address:	109 Pacer Circle	<del></del>	<del>_</del>	
		Enter Florida street address		
	Wellington	Flor	rida 33414 Zip Code	
New Registered Agent's Signature, if changing	City		гір Сойе	

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.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Ronen Tish	109 Pacer Circle Wellington, Florida 33414	Add
			Remove
			□ Change
	<del></del>		Add
		<del>.</del>	Remove
			Change
			Add
			Remove
			Change
			Add
		<del> </del>	Remove
			Change
		<del></del>	Add
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			□ Remove
			Change

	iding any other information, enter change(s)	( , , , , ,
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Г 66 4!	on diskur të nakon akon akin diskur të ëthimi.	(
Note: I		prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 pplicable statutory filing requirements, this date will not be listed as ords.
	ord specifies a delayed effective date, but 90th day after the record is filed.	t not an effective time, at 12:01 a.m. on the earlier of
Dated _	May 2, 19	
<del>-</del>	, , ==	authorized representative of a member
		7/10, 01/10

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00