# L1200043840

| (Re                     | equestor's Name)   | <del>.</del> |
|-------------------------|--------------------|--------------|
| (Ac                     | idress)            |              |
| (Ac                     | idress)            | <del></del>  |
| (Ci                     | ty/State/Zip/Phon  | e #)         |
| PICK-UP                 | ☐ WAIT             | MAIL         |
| (Bı                     | usiness Entity Nar | me)          |
| (Do                     | ocument Number)    |              |
| Certified Copies        | _ Certificates     | s of Status  |
| Special Instructions to | Filing Officer:    |              |
|                         |                    |              |
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Office Use Only



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# COVER LETTER

| TO: Registration Se<br>Division of Co. |  | ·   | ·   |
|--|--|---|---|
| SUBJECT: Ollie                         | D Wiener LLC                                 |   |   |
| SUBJECT:                               |  | ited Liability Company  | -   |
| The enclosed Articles of               | Amendment and fee(s) are sub-                | mitted for filing.  |   |
| Please return all correspo             | ondence concerning this matter               | to the following:   |   |
|  | Ekko Niederr                                 | neier   |   |
| •                                      |  | Name of Person  |   |
|  |  | Firm/Company  |   |
|  | PO Box 510234                                |   |   |
|  |  | Address   | <del></del>   |
|  | Melbourne Beach, Florida                     | 32951   |   |
|  |  | City/State and Zip Code   | <del></del>   |
|  | E-mail address: (t                           | to be used for future annual report noti-                           | lication)   |
| For further information c              | oncerning this matter, please ca             | all:  |   |
| Adam Merce                             | er   | at (321) 223-26   | 578   |
| Name o                                 | f Person                                     | Area Code Daytime   | 2 Telephone Number  |
| Enclosed is a check for the            | ne following amount:                         |   |   |
| \$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,<br>Certificate of Status &<br>Certified Copy<br>(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

| Ollie D Wiener LLC  |                                      |  |                        |   |                       |           |
|---|--------------------------------------|--|------------------------|---|-----------------------|-----------|
| (Name of the Limited<br>(A  | Liability Compa<br>Florida Limited I | ny as it now appears on<br>Jability Company) | our records.)          |   |                       |           |
| The Articles of Organization for this Limited Liab                                    | oility Company                       | were filed on03/29                           | /2012                  | an                                      | nd assig              | gned      |
| Florida document number L12000043840  | ·                                    |  |                        |   |                       |           |
| This amendment is submitted to amend the follow                                       | ring:                                |  |                        |   |                       |           |
| A. If amending name, enter the new name of the  | he <u>limited liab</u>               | ility company here:                          |                        |   |                       |           |
| The new name must be distinguishable and contain the wor                              | ds "Limited Liabil                   | lity Company," the design                    | nation "LLC" or the    | abbreviati                              | on "L.L.              | C."       |
| Enter new principal offices address, if applicable:                                   |                                      | 1360 South Patrick l                         | Drive                  |   |                       |           |
| (Principal office address MUST BE A STREET  | ADDRESS)                             | Suite 2                                      |                        |   |                       |           |
|   |                                      | Satellite Beach, Flor                        | rida 32937             |   |                       |           |
|   |                                      |  |                        | 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - | 16 FEI                | ,         |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX) |                                      |  |                        | 977 <u>-</u><br>972 t.                  |                       |           |
|   |                                      |  | <del> </del>           |   | _ <del>_</del>        | T-7-2     |
|   |                                      |  |                        |   | _ <u>=</u>            |           |
| B. If amending the registered agent and/or  |                                      |  | r records, <u>ente</u> | er the n                                | <sup>ज्ञा</sup> हिं ० | f the nev |
| registered agent and/or the new registered offic                                      | e address her                        | <u>e</u> :                                   |                        | 1                                       |                       |           |
| Name of New Registered Agent:   | No Change                            |  |                        |   |                       |           |
| New Registered Office Address:  | 1360 South Pat                       | rick Drive, Suite 2                          |                        |   |                       |           |
|   |                                      | Enter Florida s                              | treet address          |   |                       |           |
|   | Satellite Beach                      |  | , Florida ्            | 32937                                   |                       |           |
|   |                                      | 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 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

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>    | Address                        | Type of Action |
|--------------|----------------|--------------------------------|----------------|
| AMBR         | Celena R. Cobb | PO Box 510234                  | <b>.</b> Add   |
|              |                | Melbourne Beach, Florida 32951 | □ Remove       |
|              |                |                                | ☐ Change       |
| <del></del>  |                |                                |                |
|              |                |                                | □ Remove       |
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| ective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior to date of filing or more that  e: If the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records. | (optional) n 90 days after filing.) Purs irements, this date will   | suant to 60<br>not be lis |
| record specifies a delayed effective date, but not an effective time, The 90th day after the record is filed.  | at 12:01 a.m. on t  | the earl                  |
| ted $\frac{18/27}{2015}$ .   |   |                           |
|  |   |                           |

Page 3 of 3

Filing Fee: \$25.00