

L12000100513

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

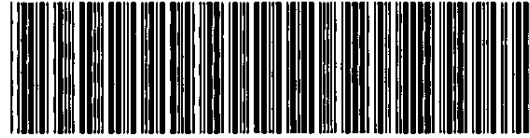
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800261809378

06/30/14--01008--034 \*\*25.00

14 JUN 30 PM 12:12  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 625 Hampton Road 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:

Olga Cosell  
Name of Person

625 Hampton Road LLC  
Firm/Company

2501 SW 21<sup>st</sup> Terrace  
Address

Miami, FL 33145  
City/State and Zip Code

ogoshopping@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Olga Cosell at (561) 201-11648  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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, 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 ORGANIZATION  
TO  
ARTICLES OF ORGANIZATION  
OF

625 Hampton Road LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 8/6/12 and assigned Florida document number L12000200813

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Olga B. LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

2501 SW 21<sup>st</sup> Terrace  
Miami FL 33145

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

2501 SW 21<sup>st</sup> Terrace  
Miami FL 33145

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

4440 PGA Blvd., Ste 200  
Enter Florida street address  
Palm Beach Gardens, Florida 33410  
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

FILED  
14 JUL 30 PM 12:12  
STATE OF FLORIDA

**Authorized Member 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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

FLORIDA  
4 JUN 80 PM 12  
TALLAHASSEE, FLORIDA

---

---

---

---

---

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated June 27, 2014

*Olga Cusell*  
Signature of a member or authorized representative of a member

Olga Cusell  
Typed or printed name of signee

14 JUN 30 PM 12:12  
TALLAHASSEE, FLORIDA