

43000060602

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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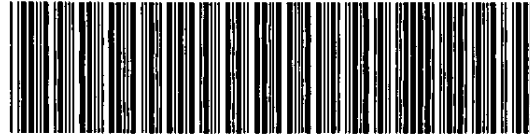
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 05 2013
D. BUTLER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Olive Ice 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:

Taron Anil
Name of Person

Olive Ice LLC
Firm/Company

60 SW 13th St. #3622, Miami, FL
Address

Miami, FL 33130
City/State and Zip Code

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

For further information concerning this matter, please call:

Taron Anil at (305) 697-5076
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

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CLERK OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Olive Ice 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 04/25/2013 and assigned
Florida document number L13000060602.

This amendment is submitted to amend the following:

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

~~_____~~

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)

60 SW 13th St #3622
Miami, FL, 33130

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

60 SW 13th St, #3622
Miami, FL, 33130

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:

Taron Amil

New Registered Office Address:

60 SW 13th St. #3622, Miami

Enter Florida street address

Miami, Florida 33130
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 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.

TA 69

If Changing Registered Agent, Signature of New Registered Agent

- If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|---------------|---------------------|--|
| MGRM | Gajwani, Anil | 1691 NW 107th Ave | <input type="checkbox"/> Add |
| | | Miami, FL 33172 | <input checked="" type="checkbox"/> Remove |
| MGRM | Anil, Taron | 60 SW 13th St #3622 | <input checked="" type="checkbox"/> Add |
| | | Miami, FL, 33130 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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| | | | <input type="checkbox"/> Remove |

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated 6 / 27, 2013.

TA69

Signature of a member or authorized representative of a member

Taran Anil

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA