# L13000125979

(Requestor's Name)				
(Add	dress)			
•	•			
· (Adı	dress)			
(City	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(Do	cument Number)			
Certified Copies	Certificates	s of Status		
Certified Copies	_ Ochmoates			
Special Instructions to	Filing Officer:			
· ·				
	<u> </u>			

Office Use Only



200262740662

08/11/14--01033--021 \*\*30.00



## **COVER LETTER**

TO:

Registration Section
Division of Corporations

\_ OLSEN SQUARED INVESTMENTS 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:

Orinda R. Olsen

Name of Person

Olsen Squared Investments LLC

Firm/Company

2901 26th Street West Unit 620

Address

Bradenton, FL 34205

City/State and Zip Code

rindyo@peoplepc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Orinda R. Olsen

.,941、782-8184

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 AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2014 AUG II PN 4: 01 SECKETARY OF STATE TALLAHASSEE, FLORIDA

Olsen Squared Investments 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 we Florida document number L13000125979	ere filed on September 5,2013	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	ty company here:	
The new name must be distinguishable and end with the words "Limited Liabili	ty Company," the designation "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office address here:	ce address on our records, enter the	name of the new
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Addiess.	Enter Florida street address	
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my duties, and I am fami ovided for in Chapter 605, F.S. Or, if th	iliar with and his document is

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Orinda R. Olsen	2901 26th Street W Unit 62	20 ■ Add
		Bradenton, FL 34205	□ Remove
			☐ Remove
			Add
			□ Remove
			□ Remove
			□ Add
			Remove
			☐ Remove

. If amending any other information, ente	er change(s) nere: (Attach daditional sheets, if necessary.)
Effective date, if other than the date of fit (The effective date must be specific, cannot be prior the date this document is filed by the Florida Depart	to date of receipt or filed date and cannot be more than 90 days after
Dated July 28	
Grindo R.	of a member or authorized representative of a member
Orinda R. Olsen	
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

