L1300133453

	(Requestor's Name)
	(Address)
<u></u>	
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer;
	(
	Office Use Only



03/08/18--01006--008 **43.75



S. WARREN

MAR 2 6 2018



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 9, 2018

LARRY M OGILVIE 961687 GATEWAY BLVD, SUITE 101A FERNANDINA BEACH, FL 32034

SUBJECT: OGILVIE HOLDINGS COMPANY, LLC Ref. Number: L13000133453

We have received your document for OGILVIE HOLDINGS COMPANY, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION - INC, but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren Regulatory Specialist II

Letter Number: 418A00004799

COVER LETTER

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	Registration So Division of Co				
(11)	Ogilvie Ho	ldings Company, LLC			
SUBJEC	л: <u> </u>	Name of Lim	ited Liability Company		
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	turn all correspo	ondence concerning this matter	to the following:		
		Larry Ogilvie			
			Name of Person		·······
		Ogilvie Holdings Compan	y, LLC		
			Firm/Company		<u> </u>
		PO Box 16453			
			Address		
		Fernandina Beach, FL 320	035		
		larryogilvie@gmail.com	City/State and Zip Co	xde	
For furth	er information c	E-mail address: (oncerning this matter, please c	to be used for future and all:	ual report notifi	cation)
Larry Og	gilvie		904		
	Name of Person		at () Area Code	Davtime	Telephone Number
Enclosed	is a check for t	he following amount:			
□ \$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing F Certified Copy (additional copy is	,	\$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		Regis Divis Clifte 2661	EET/COURIE tration Section ion of Corpora on Building Executive Cen hassee, FL 323	tions ter Circle	

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

Ogilvie Holdings Company, LLC			
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now app Liability Company	ears on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on _	9/19/2013	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	<u>pility company</u>	<u>here</u> :	
N/A			
The new name must be distinguishable and contain the words "Limited Liab	ility Company." the	e designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		_	·····
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:	N/A		
o i			
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>		

	City	Zip Code
		Florida
New Registered Office Address:	Enter Florida street ada	iress
New Registered Office Address		
Name of New Registered Agent:		

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, iFilis dolaiment 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.

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·····	<u> </u>		
If Changing Registered Agent, Signature of	New Registered A	2 COT	
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Page 1 of 3		\sim	
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If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

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<u>Title</u>	Name	Address	Type of Action
AMBR	Stephanie Ogilvie	PO Box 16453	🖬 Add
		Fernandina Beach, FL 32035	Remove
			Change
			□ AbbA □
		·	Remove
			Change
			Add
			🗆 Remove
			Change
			Add
			Remove
			Change
<u>_</u> _			O Add
			Remove
			TALLAHASSEL, FLORIDA
			Add R 23 ve E C

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

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E. Effective date, if other than the date of filing: _______(optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) <u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

March 19 Dated	2018	
- Pai	19	TALL
Larry Ogilvie	Signature of a member or authorized representative of a member	MAR 23
	Typed or printed name of signee	
	Page 3 of 3) 1475 0410

Filing Fee: \$25.00