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### FILING CANCELLED RETURNED CHECK

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#### **COVER LETTER**

TO: Registration Se Division of Cor	ection rporations		<b>9</b> t
THE OL	IVE TREE LLC		
SUBJECT:	Name of Limit	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspondent	ondence concerning this matter to	o the following:	
	Joseph Haddy		
	<del></del>	Name of Person	
	The Olive Tree LLC		
		Firm/Company	
	1321 S. Dixie Hwy #1	14E	
		Address	
	Pompano Beach, FL	33060	
		City/State and Zip Code	<del>.</del>
	joehaddy@gmail.com	be used for future annual report notification	tion)
For further information c	concerning this matter, please cal	·	ion)
Joe Haddy		561 866-3300	
Name o	of Person		elephone Number
Enclosed is a check for the	he 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** 

### FILING CANCELLED RETURNED CHECK

#### THE OLIVE TREE 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 Florida document numberL13000137507	Company were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	mited 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 ADI	DRESS)
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or regregistered agent and/or the new registered office ad	gistered office address on our records, enter the name of the new
Name of New Registered Agent:	No.
New Registered Office Address:	Enter Florida street address
<del></del> -	City Florida Zip Code
New Registered Agent's Signature, if changing Register	red Agent:
provisions of all statutes relative to the proper and accept the obligations of my position as registered	nt and agree to act in this capacity. I further agree to comply with the complete performance of my duties, and I am familiar with and agent as provided for in Chapter 605, F.S. Or, if this document is cred office address, I hereby confirm that the limited liability e.

#### 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

### FILING CANCELLED RETURNED CHECK

Title	Name	Address	Type of Action
Title Ma	Elkarout Federico	212 South Federal Highway	
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e date this document is filed by the Florida D	prior to date of receipt or filed date and cannot be more than 90 pepartment of State)  2015	days after
ted	Department of State)  2015	days after
Dated January 29	Department of State)	days after

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Filing Fee: \$25.00

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