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To:

Division of Corporations Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:___



3/2/2015 13:50:17 From: To: 8506176383

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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THE OLIVE PANTRY, LLC [Name of the Limited Liability Company as it now appears an our records.] (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on <u>January 21, 2014</u> and assigned Florida document number <u>L14000011009</u>

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)	_	
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	v <u></u> , , , , , , , , , , , , , , ,	ALL A T
Enter new mailing address, if applicable:		9255 J T
(Mailing address MAY BE A POST OFFICE BOX)		
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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:	Exiec Florida street add	hess
	City	Florida

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, Slenature of New Registered Agent

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Title	Name	Address	Type of Action
MGR	WILLIAM BRILL	 35 West Pine Street, Suite 213	
	<u></u>	Orlando, Florida 32801	II Remove
MGR	AMANDA BRILL	35 West Pine Street, Sulte 213	Add
		Orlando, FL 32801	Remove
MGR	ASHLEY G. HALL	530 Lake Catherine Drive	🖂 Add
		Maitland, Florida 32751	Remove
	<u> </u>		
			С Кеточе
			C Add

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or

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D. If an	- •		r change(s) here: <i>(Attach addi</i> s a Member of The Olive	• •
	pursuant to Sec	tion 605.0602(7)(a), Florida Statutes.	
E. Effe	ctive date, if other t	han the date of fi	ling:	(optional)
the c	tale this document is filed	by the Florida Depart	ment of Slate)	a de lindre (itali 50 digra anti-
Date	February	12	2015	
		Signature	A member or cutmorized representat	
	1	-	on Hartley, Authorized Re	•

Typed or printed name of signee

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