114000089413

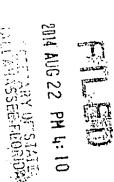
(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	<u></u>
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
:		

Office Use Only



100263342181

08/22/14--01002--009 **25.00



,1116 26 2014 U. ERUCE

COVER LETTER

TO: "Registration Section Division of Corporations Truffle Jam LLC	
SUBJECT: 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:	
Lauren Navarro	
Name of Person	
Truffle Jam LLC	
Firm Company	
800 Lugo Avenue	
Address	
Coral Gables, FL 33156	-
City/State and Zip Code	1/2
laurena623@gmail.com	2
E-mail address: (to be used for future annual report notification)	100
For further information concerning this matter, please call:	6 22
Xavier Navarro 305, 323-4432	STEP P
Name of Person Area Cale Daytime Telephone Number	T STATE

Enclosed is a check for the following amount:

■ \$25,00 Filing Fee

z'i

☐ \$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 cadditional copy is enclosed:

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURTER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Truffle Jam LLC		
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on June 4, 2014 and assigned	
Florida document number L14000089413		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Orchard and Olive LLC		
The new name must be distinguishable and end with the words "Limited Liab	pility Company," the designation "LLC" or the abbreviation "LLC."	-
Enter new principal offices address, if applicable:	800 Lugo Avenue	
(Principal office address MUST BE A STREET ADDRESS)	Coral Gables, FL 33156	
Enter new mailing address, if applicable:	800 Lugo Avenue	
(Muiling address MAY BE A POST OFFICE BOX)	Coral Gables, FL 33156	
	1.0000000000000000000000000000000000000	,
B 46 45 45 45 45 45 45 45 45 45 45 45 45 45 45 45		
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	ffice address on our records, enter the name of the e:	new
Name of New Registered Agent:		-
	· 美田 6	
New Registered Office Address:	Enter Florida street address	-
	the second s	FT.
A refer the destructions are pay of the State of the		
New Registered Agent's Signature, if changing Registered Agent:	والمراقبة المراقبة ا	٠, _{* ()}
	30 -	•

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, Signature of New Registered Agent

If amending the Mahagers 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 Title Name Address Type of Action ☐ Remove ☐ Remove ☐ Remove □ Remove

pularge reports in the second section of the contract of the second section of the second section of the second		
CASE		MANNAGA (A A A A ANN ANNA MANNA MA (A A ANN AN MA MA (A A MANNA
e vic		AL STATE OF THE ST
AND THE RESERVE OF THE PARTY OF		
CC . Al N. A Al Al Al & C.		/
Hective date, if other than the date of the effective date must be specific, cannot be prior the date this document is filed by the Florida Depart	illing: to date of receipt or filed date and cum (ment of State)	(optional) not be more than 90 days after
the date this document is filed by the Florida Depar	thing: to date of receipt or filed date and cum timent of State) 2014	(optional) not be more than 90 days after
Affective date, if other than the date of f he effective date must be specific, cannot be prior the date this document is filed by the Florida Department of the August 15	tment of State)	

Page 3 of 3

Filing Fee: \$25.00

