## L14000159298

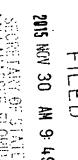
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Olea Grill Lake Mary 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:
Louis Kalonaros
Name of Person
The Murphy Group LLC
5410 Via Appia Way
Sanford, FL 32771  City/State and Zip Code  LOUKAL 22@ GMAIL. COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Cours Kalonaros at 716, 998-9701  Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ Certificate of Status \$\ Certified Copy (additional copy is enclosed) \$\ Certified Copy (additional copy

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 2015 NOV 30 AM 9: 49

THE PERSON OF

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Olea Grill Lake Mary 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 were filed on 10/6/2014Florida document number L14000159 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 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: Enter Florida street address 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, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M AMBR = A	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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ective date, if other than t effective date is listed, the date r e: If the date inserted in this ument's effective date on the	nust be specific and block does not n	I cannot be prior neet the applica	to date of filing or able statutory fi	more than 90 days	optional) after filing.) Pursuant t , this date will not be	to 605.0207 ( e listed as t
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record specifies a delay he 90th day after the r			t an effective	e time, at 12:0	)1 a.m. on the e	arlier of:
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00