L14000159298

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TO: 'Registration Section Division of Corporations	
SUBJECT: Olea Sanford	FL LLC
Name	o. Limited Liability Company
The enclosed Articles of Amendment and fee(s) a	are submitted for filing.
Please return all correspondence concerning this r	matter to the following:
Lou	Name of Person
The i	Murphy Group LLC
167	O. Svalloutail Un
	A A Madicos
San	Ford FU 3>771 City/State and Zip Code
10076	City/State and Zip Code
E-mail add	dress: to be used for future annual report notification)
For further information concerning this matter, pl	lease call:
Lau's Kalancoc	216 999-9701
Name of Person	at (<u>7/6</u>) <u>998 - 970/</u> Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
S25.00 Filing Fee S30.00 Filing Fee Certificate of Sta	& \$55.00 Filing Fee & \$60.00 Filing Fee. Certified Copy Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
,	
MAILING ADDRESS: Registration Section	STREET/COURIER ADDRESS: Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301

15 Å.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Olea Sanford FL	LLC
Ola Sanford FL (Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L1400015929</u> .\$	were filed on $10/6//4$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
÷ 44,	
The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1829 WP Ball Blud Sanford, FL 32771
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent: (Same)	Louis Kalonaros
New Registered Office Address: (\(\lambda\bu\)	1670 Swallow tail L1
San	Ford, Florida Street address City Zip Code

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 = Manager

AMBR = A	uthorized Member	,	
<u>Title</u>	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00