#15000031591

(Re	equestor's Name)
(Ad	ddress)
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(C	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bi	usiness Entity Name)
(De	ocument Number)
Certified Copies	Certificates of Status
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2018 APR 15 PM 4: 17

SECREPARE PER STATE

K. SALY EXAMINER APR 28 2015

COVER LETTER

Division of Corporations
SUBJECT: Olympian Management 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:
Margaret Gachelin
Olympian Management LLC
18441 NW 2nd Ave Ste 503
Miani Gardens FL 33169 City/State and Zip Code
E-mail address: (to be used for future amust report notification)
For further information concerning this matter, please call:
Margaret Gachelin at (786) 383-5710 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 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

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ARTICLES OF OR	RGANIZATION	LILED
OF		FILED 2015 APR 15 PM 4:17
		APR 15 PM.
Olympian Ma	spagement 11	CA 40/16 7000 19 4:17
(Name of the Limited Liability Company	as it now appears on our records bility Company)	D LEAHASSEE OF STATE
(A Florida Limited Lis	birty Company)	FLORINI
The Articles of Organization for this Limited Liability Company w	ere filed on 2/19/13	and assigned
Florida document number <u>115000031591</u>	,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
Olympian Property Managem The new name must be distinguishable and end with the words "Limited/Liability Control of the contro	ent LLC ty 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)		
	NAME OF THE OWNER OWNER OF THE OWNER OWNE	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	T	
IMALING MUNICESS MAT BE A FOST OFFICE BOAT		
B. If amending the registered agent and/or registered office address here:	ce address on our records	, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
THE TRANSPORTED CONTRACTOR OF THE PROPERTY OF	Enter Florida street address	3

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

Zip Code

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: FILED MGR = Manager 2015 APR 15 PM 4: 17 Type of Action AMBR = Authorized Member Title Name | **Address** FALLAHASSEE FLURIDA ☐ Remove □ Add ☐ Remove ☐ Add ☐ Remove _□ Add □ Remove _ 🗆 Add □ Remove _□ Add ☐ Remove

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the date this do	e, if other the must be specificument is filed to	by the Florida Dep	artment of State)	5.	/.	

Page 3 of 3

Filing Fee: \$25.00