

LS 0000 63493

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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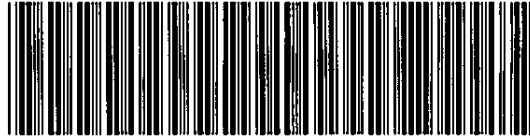
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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JUN 21 2013
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Olive Branch Mediterranean-Italian Grille
Name of Limited Liability Company Bar LLC

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Karen Vejseli
Name of Person

Olive Branch Mediterranean-Italian Grille
Firm/Company Bar LLC

19525 Spring Oak Drive
Address

Eustis, Florida 32736
City/State and Zip Code

Karenvejseli@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karen Vejseli at (516) 527-3975
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee
☐ \$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 (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

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SECRETARY OF STATE

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Olive Branch Mediterranean-Italian Grille & Bar 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 4/9/2015 and assigned Florida document number L15000063493.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

19525 Spring Oak Drive
Eustis, Florida 32736

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

City, **Florida**

City

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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 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:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
-------	------	---------	----------------

MGR	Shaget Vejseli	19525 Spring Oak Drive	<input type="checkbox"/> Add
		Eustis, Florida 32757	<input checked="" type="checkbox"/> Remove

AMBR	Shaget Vejseli	19525 Spring Oak Drive	<input checked="" type="checkbox"/> Add
		Eustis, Florida 32757	<input type="checkbox"/> Remove

MGR	KTV Capital Corporation	19525 Spring Oak Dr	<input checked="" type="checkbox"/> Add
		EUSTIS FL 32757	<input type="checkbox"/> Remove

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TALLAHASSEE, FLORIDA

☐ Add

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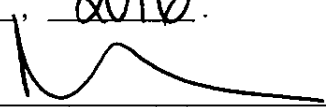
☐ Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: 6/10/16 (optional)

(The effective date must be specific, cannot be prior to date of receipt of filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated June 10, 2016


Signature of a member or authorized representative of a member

Authorized Member
Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

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