

L150000149635

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

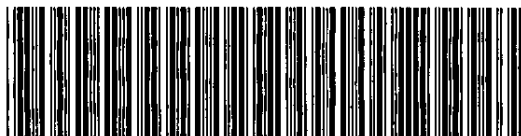
(Business Entity Name)

(Document Number)

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16 MAY -9 AM 1:13  
TALLAHASSEE, FLORIDA  
\*25.00

MAY 11 2016

Y SULKER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: OLSSON TREATMENT CONSULTANTS, 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:

NICHOLAS OLSSON  
Name of Person

OLSSON TREATMENT CONSULTANTS, LLC  
Firm/Company

610 CLEMATIS STREET, UNIT 523  
Address

WEST PALM BEACH, FLORIDA, 33401  
City/State and Zip Code

NICHOLAS.OLSSON@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NICHOLAS OLSSON at ( 561 ) 827 6547  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |                                                        |                                                                        |                                                                                                  |                                                                                                                            |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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  
TO  
ARTICLES OF ORGANIZATION  
OF**

OLSSON TREATMENT CONSULTANTS, 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 09/01/2015 and assigned Florida document number 15000149635.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

NICK OLSSON SELECT AUTOS, LLC

The new name must be distinguishable and contain 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)

610 CLEMATIS STREET, UNIT 523  
WEST PALM BEACH, FLORIDA, 33401

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16 MAY -9 AM 11:13  
CLERK OF CIRCUIT COURT  
ALLAHASSEE, FLORIDA

**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:

610 CLEMATIS STREET, UNIT 523

Enter Florida street address

WEST PALM BEACH, Florida 33401

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 = Authorized Member

| <u>Title</u> | <u>Name</u>     | <u>Address</u>             | <u>Type of Action</u>                   |
|--------------|-----------------|----------------------------|-----------------------------------------|
| MGR          | NICHOLAS OLSSON | 610 CLEMATIS STREET        | <input checked="" type="checkbox"/> Add |
|              |                 | UNIT 523                   | <input type="checkbox"/> Remove         |
|              |                 | WEST PALM BEACH, FL, 33401 | <input type="checkbox"/> Change         |
|              |                 |                            | <input type="checkbox"/> Add            |
|              |                 |                            | <input type="checkbox"/> Remove         |
|              |                 |                            | <input type="checkbox"/> Change         |
|              |                 |                            | <input type="checkbox"/> Add            |
|              |                 |                            | <input type="checkbox"/> Remove         |
|              |                 |                            | <input type="checkbox"/> Change         |
|              |                 |                            | <input type="checkbox"/> Add            |
|              |                 |                            | <input type="checkbox"/> Remove         |
|              |                 |                            | <input type="checkbox"/> Change         |
|              |                 |                            | <input type="checkbox"/> Add            |
|              |                 |                            | <input type="checkbox"/> Remove         |
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|              |                 |                            | <input type="checkbox"/> Change         |

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

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TALLAHASSEE, FLORIDA

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated MAY 4<sup>TH</sup>, 2016

  
Signature of a member or authorized representative

ALEXANDRA OLSSON

Typed or printed name of signee