

L1500017-2929

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

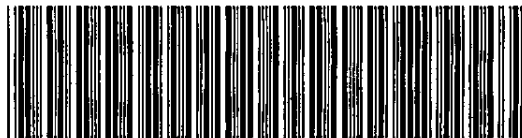
(Business Entity Name)

(Document Number)

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MAR 01 2016

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: OLCASOL 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:

Name of Person

OLCASOL LLC

Firm/Company

782 LAKE BLVD

Address

WESTON FL 33326

City/State and Zip Code

nancylandi@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SERGIO ELBAUM G

954 433-9622

Name of Person

at ()

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 &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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

OLCASOL 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 10/09/2015 and assigned
Florida document number 115000172929.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

782 LAKE BLVD

WESTON, FL 33326

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

782 LAKE BLVD

WESTON FL 33326

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:

SERGIO ELBAUM G

New Registered Office Address:

782 LAKE BLVD

Enter Florida street address

WESTON

City

, Florida 33326

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>
P	SERGIO ELBAUM G	782 LAKE BLVD	<input type="checkbox"/> Add
		WESTON FL 33326	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	VIVIANA FERNANDEZ	782 LAKE BLVD	<input type="checkbox"/> Add
		WESTON FL 33326	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	URBAN CHOICES CONSTRUCT	12955 BYSCAYNE BLVD STE 20	<input checked="" type="checkbox"/> Add
		NORTH MIAMI FL 33181	<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

16 FEB 26 PM 2:24
CLERK OF SUPERIOR COURT
CLERK OF SUPERIOR COURT

ay

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

WE ARE CHANGIN THE CURRENT REGISTERED AGENT, FROM HERE ON THE REGISTERD AGENT
THE MAGR FROM HERE ON WILL BE URBAN CHOICES CONSTRUCTION & MGMT CORP LOCATED,
12955 BISCAYNE BLVD, NORTH MIAMI FL 33181

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 FEBRUARY 16, 2016

Signature of a member or authorized representative of a member

VIVION A FERNANDEZ

Typed or printed name of signee