

L15000176253

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300301233403

U.S. DEPARTMENT OF COMMERCE

FILED

17 JUL 13 AM 11:17

DIVISION OF CORPORATIONS

© 2014 DIVISIONS
JUL 14 2017

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: OLYMPUS EXCLUSIVE TRANSPORTERS
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:

Christian Pineda
Name of Person

Firm/Company

12517 SW 124 CT
Address

MIAMI, FL 33186
City/State and Zip Code

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

For further information concerning this matter, please call:

Christian Pineda at (786) 296 3039
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 &
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 ORGANIZATION
OF

Olympus Exclusive Transporters 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 10/16/2015 and assigned Florida document number L15000176253.

This amendment is submitted to amend the following:

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

Olympus X Tech 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)

11265 SW 143 CT

MIAMI, FL 33186

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Christian Pineda

New Registered Office Address:

Enter Florida street address

Florida

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

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Irma Garcia	11265 SW 143 CT	<input type="checkbox"/> Add
		MIAMI, FL 33186	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Berit M Chavez	11265 SW 143 CT	<input type="checkbox"/> Add
		MIAMI, FL 33186	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Christian Pineda	11265 SW 143 CT	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33186	<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

17 JUL 13 AM 11:17
DIVISION OF
RECORDS
AND
ADMINISTRATION

FILED

17 JUL 13 AM 11:17
DIVISION OF CORPORATIONS

FILED

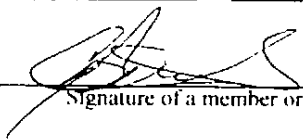
E. Effective date, if other than the date of filing: _____ (optional)

(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 6/30/2017



Signature of a member or authorized representative of a member

Christian Pineda

Typed or printed name of signee