L15000177599

(Re	equestor's Name)	
(,40000,0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(Ad	ldress)	
Ų . <u>-</u>	, , , ,	
(Ad	ldress)	
()-	,	
(Cit	ty/State/Zip/Phone	= #)
•	•	,
PICK-UP	WAIT	MAIL .
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
Opecial matructions to	Timing Officer.	





100297354031

04/19/17--01025--009 **25.00

FILED

17 APR 19 PH 12: 39

SECRETARY OF STATE FLORID.

S Warren APR 2 0 2017

Digital of C	orporations	·	**
OLIBRIC SUBJECT:	CE PROPERTY LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for tiling.	
Please return all corresp	oondence concerning this matter	to the following:	
	CHRISMA J OLIBRICE		
•		Name of Person	·
	OLIBRICE PROPERTY L	LC	
		Firm/Company	, , , , , , , , , , , , , , , , , , , ,
	8919 HOLLIS COURT BI	_VD	
		Address	
	QUEENS VILL'AGE, NY	11427	
:	farolito09@yahoo.com	City/State and Zip Code	
		to be used for future annual report notifi	cation)
For further information	concerning this matter, please ca	all;	
CHRISMA J OLIBRIC	CE .	786 253-1136	
Name	of Person	at ()	Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OLIBRICE PROPERTY LLC			
(Name of the Limited Liability (A Florida	v Company as it now appears Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Colorida document number L15000177599	ompany were filed on 10/ 	19/2015	and assigned
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limit	ted liability company her	<u>e</u> :	
he new name must be distinguishable and contain the words "Limit	ted Liability Company," the des	ignation "LLC" or the a	bbreviation "L.L.C."
nter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDR	ESS)		
	Tree.		
nter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
- www.ess.vari barri our orrica box			
New Registered Office Address:	ess here:		
New Registered Office Address.	Enter Florid	a street address	
<u> </u>		, Florida	
	City		Zip Code
ew Registered Agent's Signature, if changing Registered			
hereby accept the appointment as registered agent a covisions of all statutes relative to the proper and con except the obligations of my position as registered age eing filed to merely reflect a change in the registered ompany has been notified in writing of this change.	mplete performance of m ent as provided for in Ch	y duties, and I am j apter 605, F.S. Or.	familiar with and if the state of the state
	If Changing Registered Agen	at Signature of New Do	mission m
	11 Cuanging registered Agen	il sixuature of new Ke	CS S

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

Page 1 of 3

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	OLGA OLIBRICE	6345 COLLINS AVENUE #737	■ Add
		MIAMI BEACH, FL 33141	☐ Remove
			☐ Change
			□ Add
			Remove
			Change
			□ Add
			☐ Remove
		CARTON CONTRACTOR	Change
			Add
			□ Remove
			Change
	-		□ Add
			Remove Remove R17 APR 19 APH 12:39 SECRETARY OF STATE TALLAHASSEE. FLORIDA

if amending any other in	formation, enter change(s) bere:	: (Altoch additional sheets, if nec	eessary.)
			
		1 - 1 - 10 - 10 - 1	
			
			
			
	 	·· ·	
	· · · · · · · · · · · · · · · · · · ·		
	·		
Note: If the date inserted in document's effective date or	layed effective date, but not	ole statutory filing requirements, this	s date will not be listed as the
Dated <u>04 - 12 -</u>	<u>auri</u> ,	<u>.</u> .	AS 1
·	Signature of a rhember or authori	Oldrice	- E E
	Signature of a member of authori	ized representative of a member	R 19 TAR
	CHRISMA. Typed or printed	name of signee	<u> </u>
		-	E F SIA
	Page 3	-42	22 3

Filing Fee: \$25.00