# 494191933

(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	y/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Na	me)	
(Document Number)			
Certified Copies	_ Certificate	s of Status	
Special Instructions to Filing Officer:			
	NO	\$	

Office Use Only



200281920432

05/12/16--01009--002 \*\*25.00

FILED 2016 HAY 11 P 2: 17 FORETARY OF STATE

MAY 1 2 2016

SWARREN



May 2, 2016

BENJAMIN VIVAS 100 BAYVIEW DRIVE #418 SUNNY ISLES BEACH, FL 33160

SUBJECT: OLAM26 LLC Ref. Number: L15000190532

We have received your document for OLAM26 LLC, however, upon receipt of your document no check was enclosed. Please return your document along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren Regulatory Specialist II

Letter Number: 616A00009089

# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: OLAM 26 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:
Benjamin WAS Name of Person
OLAM 26 LLC Firm/Company
100 Bayview De # 418
Survy Isles Beach, F/33160 City/State and Zip Code
Benjamin VIVASQ VA h50. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Penjamin VIVAS at (305) 788-0869 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{S30.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \$\$\subseteq \$\text{\$\subseteq \$\subseteq \$\text{\$\subseteq \$\seteq \$\text{\$\subseteq \$\text{\$\subseteq \$\text{\$\subseteq \$\subseteq \$\text{\$\subseteq \$\seteq \$\text{\$\subseteq \$\seteq \$\seteq \$\seteq \$\seteq \$\seteq \$\seteq \$\seteq \$\text{\$\seteq \$\seteq \$\sete

### 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**

(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) iability Company)				
The Articles of Organization for this Limited Liability Company were filed on					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabil	lity company here:				
The new name must be distinguishable and contain the words "Limited Liabilit	ty Company," the designation "LLC" or the abbreviation "L.L.C."				
(Principal office address MUST BE A STREET ADDRESS)					
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
	F STAT				
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	ice address on our records, enter the stame of the n				
Name of New Registered Agent:					
New Registered Office Address:	Enter Florida street address				
	, Florida				
	City Zip Code				

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> **Address Type of Action** Feeddy J VIVAS AGAY 100 BAYULOW DR. Add APT 418, SCHWY ISLOS. ☐ Remove ☐ Change ☐ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove (7) (3) ?⊃ Remove ☐ Change

). If amending any	other information, enter change(s) here: (Attach additional sheets,	if necessary.)
<del></del>		
<u></u>		
		· · · · · · · · · · · · · · · · · · ·
		<del></del>
		<del></del>
<del>** **</del>		
		<del>,, , , , , , , , , , , , , , , , , , ,</del>
<del></del>		
<del> </del>		
	/ /	
(If an effective date is Note: If the date i	other than the date of filing:  O 4 20 16  listed, the date must be specific and cannot be prior to date of filing or more than 90 day nserted in this block does not meet the applicable statutory filing requirement ve date on the Department of State's records.	
the record speci ) The 90th day	fies a delayed effective date, but not an effective time, at 12 after the record is filed.	:01 a.m. on the earlier of:
Dated	· · · · · · · · · · · · · · · · · · ·	دع
	Signature of a member or authorized representative of a member	
	Penjamin Milas	SET AY SET ARY
	Typed or printed name of signee	P 2:
	Page 3 of 3	RID

Filing Fee: \$25.00

....