

L16000034782

(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



300299977383

06/09/17--01021--008 **25.00

FILED

2017 JUN -9 P 4: 17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
JUN 12 2017



Brian K. Duffey, J.D., AEP®
Shareholder

Sydney A. Smith, J.D.
Associate

2300 Glades Road, Suite 460W
Boca Raton, Florida 33431
Phone: 561.862.4176 | Fax: 561.862.4983
www.duffey-law.com

June 5, 2017

VIA U.S. MAIL

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Olive City, LLC – Articles of Amendment to Articles of Incorporation
Florida Document #L16000034782

Dear Clerk:

Enclosed please find the Cover Letter to the Articles of Amendment to Articles of Incorporation of Olive City, LLC, together with check #4049 in the amount of \$25.00 representing the filing fee for the change of Resident Agent for this limited liability company.

Kindly date stamp the attached copy of this letter and return it to us in the self-addressed stamped envelope provided for proof of receipt.

If you have any questions, please feel free to contact us.

Very truly yours,

THE DUFFEY LAW FIRM

By: Sydney A. Smith, Esq.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 JUN -9 P 4:17

FILED

SAS/rad
Enclosures

cc: Ludmilla Goldberg (via electronic mail: trezzainc@aol.com)

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: OLIVE CITY, 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:

Ludmilla Goldberg

Name of Person

Firm/Company

208 Wellington B

Address

West Palm Beach, FL 33417

City/State and Zip Code

trezzainc@aol.com

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

For further information concerning this matter, please call:

Ludmilla Goldberg

at (561) 889-4194

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 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

2017 JUN - 9 P 4: 1
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

OLIVE CITY, 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 February 18, 2016 and assigned
Florida document number L16000034782.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
2017 JUN - 9 P 4:17
SECRETARY OF STATE
TALLAHASSEE, 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:

Ludmilla Goldberg

New Registered Office Address:

208 Wellington B

Enter Florida street address

West Palm Beach

Florida 33417

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>
			<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
			<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

FILED
 2017 JUN 29 PM 4:11
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

2017 JUN - 9 P 4:
SECRETARY OF STATE
TALLAHASSEE, FLORIDA


SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7-11 P-9 - JUN - 1172

FILED

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.

Dated 24 May, 2017


Signature of a member or authorized representative of a member

Ludmilla Goldberg
Typed or printed name of signee