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COVER LETTER

TO: Registration S Division of Co			
Olivine D	esigner Warehouses, LLC		
SUBJECT:	прапу		
The enclosed Articles o	f Amendment and fee(s) are submitted for filing.	•	
Please return all corresp	ondence concerning this matter to the following:	ç:	
	Eric J. Grabois		
	Name of Pe	rerson	
	Eric J. Grabois, P.L.		
	Firm/Com	ipany	
	1666 79th Street Causeway, Suite 500		
	Address	GS .	
	North Bay Village, Florida 33141		
	City/State and 2	Zip Code	
	service@graboislaw.com		
	E-mail address: (to be used for future	re annual report notification)	
For further information	concerning this matter, please call:		
Eric J. Grabois	305 at (891-2029	
Name	of Person Area C	Code Daytime Telephone Number	
Enclosed is a check for	the following amount:	S S S S S S S S S S S S S S S S S S S	e iya de e
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 File Certificate of Status Certified (additional of the control		· P · · · ·

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

DocuSign Envelope ID: BAD653DC-1D5C-4A7D-AC28-2C217091EA42 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Olivine Designer Warehouses, 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 04/15/16 and assigned Florida document number ____L16000073957 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 "LLC." 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) 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: New Registered Office Address: Enter Florida street address F

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.

City

If Changing Registered Agent, Signature of New Registered Agent

DocuSign Envelope ID: BAD653DC-1D5C-4A7D-AC28-2C217091EA42
II amenuing Authorized rerson(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Membe	AMBR =	d Membei

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Nicolas Brocherie	293 NE 61st Street	
		Miami, FL 33137	■ Remove
MGR	Anthony Bossard	293 NE 61st Street	Add
		Miami, FL 33137	□ Remove
			□ Change
			□ Add
			Remove
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Effective date, if other t	han the date of fil	lino:		(opt	ional)	
(If an effective date is listed, the	date must be specific	and cannot be prior	to date of filing or n	nore than 90 days afte	r filing.) Pursu	ant to 605.02
Note: If the date inserted document's effective date	in this block does no on the Department c	of State's records.	able statutory filir	ig requirements, th	is date will n	
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the record specifies a	delaved effective	e date but no	t an effective	time at 12:01	a m fonth	,
The 90th day after	the record is file	ed.	e an anadova	, at 12.01	20 T. C	1
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Typed or printed name of signee

Filing Fee: \$25.00