

L16000080551

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

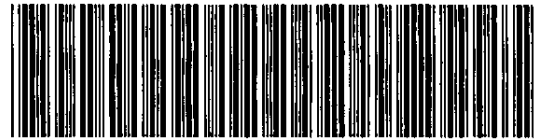
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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17 JAN 23 PM 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT
JAN 25 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 11, 2017

CHRIS CHAMES
4 SE 6TH AVE
DELRAY BEACH, FL 33483

SUBJECT: OLYMPIA REALTY LLC
Ref. Number: L16000080551

RECEIVED
2017 JAN 23 PM 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for OLYMPIA REALTY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your document is being returned as requested.

Enclosed is an application for refund. Please sign and return and allow at least 60 to 90 days for the refund to be processed.

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.

Dionne M Scott
Regulatory Specialist II

Letter Number: 017A00000638

*Please
Put through, Sorry
for the confusion*
OOO

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Olympia Realty 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 April 25 2016 and assigned Florida document number L16000080551

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)

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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:

Joseph DeFalco

New Registered Office Address:

4 S.E 6th Avenue

Enter Florida street address

Delray Beach, Florida

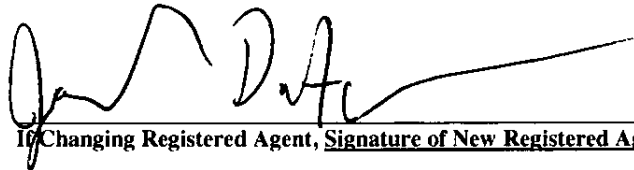
City

33483

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

| Title | Name | Address | Type of Action |
|-------|----------------|---------------------------|--|
| MGR | Chris Chames | 2667 Treanor Terrace | <input type="checkbox"/> Add |
| | | Wellington FL, 33414 | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| MGR | Joseph Defalco | 10555 Oak Meadow Lane | <input type="checkbox"/> Add |
| | | Lake Worth FL 33449 | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| MGR | Brian H. Robb | 326 Fern Street | <input checked="" type="checkbox"/> Add |
| | | Unit 410 | <input type="checkbox"/> Remove |
| | | West Palm Beach, FL 33401 | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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 FALLS CHURCH, VA 22044

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Brian H. Robb to be changed to
Manager/owner.

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 January 3, 2017


Signature of a member or authorized representative of a member

Chris Chames
Typed or printed name of signee

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