

L/16000080551

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

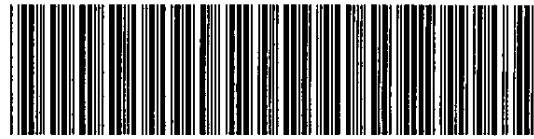
(Business Entity Name)

(Document Number)

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FEB 27 2017
S. YOUNG

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 FEB 24 PM 2:20

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Olympia Realty 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:

Brian H. Robb
Name of Person

Olympia Realty LLC
Firm/Company

4 SE 6th Avenue, Delray FL
Address

33483
City/State and Zip Code

brobb@hiredyou.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brian H. Robb at (561) 360 5964
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

17 FEB 24 PM 2:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

STATE OF FLORIDA
SUI RE FACTO STATE
TA. LAHARST. 11 09 10
47 FEB 24 PM 2:26

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

DeRay

Florida

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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Chris C Hames	2667 Treanor Terrace	<input type="checkbox"/> Add
		Wellington FL, 33414	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Joseph DeFalco	10555 Oak Meadow Lane	<input type="checkbox"/> Add
		Lake Worth, FL 33449	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Owner Shareholder	Brian H. Robb, MSc	326 Fern Street	<input type="checkbox"/> Add
		Unit 410	<input type="checkbox"/> Remove
		West Palm Beach, FL 33401	<input checked="" 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

Owner
Shareholder

* Change title please
↑
😊

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FEB 27 2017
PM 2:20

Brian H. Robb MSc title to be changed.

New title: Shareholder

17 FEB 24 PM 2:31
CLERK OF STATE
TALLAHASSEE, FLORIDA

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 February 20, 2017.



Signature of a member or authorized representative of a member

Chris chanez

Typed or printed name of signee