117000018777

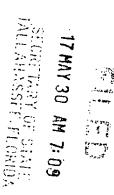
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	

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COVER LETTER

	ision of Corp				
SUBJECT:	OLF GROU	P LLC			
Name of Limited Liability Company					
The enclosed	Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return	all correspon	ndence concerning this matter	to the following:		
		LORENA OCANDO			
			Name of Person		
		OLF GROUP LLC			
			Firm/Company	 	
		11031 Conch Court			
			Address		
		Tamarac Florida 33321			
			City/State and Zip Code		
		olfgroupllc@gmail.com			
		E-mail address: (t	to be used for future annual report notifi	cation)	
For further in	formation co	ncerning this matter, please ca	all:		
Lorena Ocan	do		754 224-8786 at ()		
	Name of	Person	Area Code Daytime	Telephone Number	
Enclosed is a	check for the	e following amount:			
■ \$25.00 Fi	iling 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OLF GROUP LLC					
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records. iability Company)				
The Articles of Organization for this Limited Liability Company Florida document number L17000018777	were filed on 01/21/2017	and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company here:				
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the a	abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	11031 Conch Court Tamarac, Florida 3	33321			
(Principal office address MUST BE A STREET ADDRESS)					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	11031 Conch Court Tamarac Florida 33321				
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		the name of the new			
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	Samp			
New Registered Office Address:		ŽŠ 🕇			
	Enter Florida street address , Florida	MAY S			
	City	Zip Gode			
New Registered Agent's Signature, if changing Registered Agent:		S R			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pubeing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I añ provided for in Chapter 605, F.S. Or	familiae with and , if this document is			

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 = MS $AMBR = AS$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
		· 	Add
			☐ Remove
			☐ Change
			□ Add
			Remove
			☐ Change
			□ Add
			□ Remove
			☐ Change
			
			□ Remove
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		·····	□ Remove
			Change
			Add
			□ Remove

☐ Change

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Page 3 of 3

Filing Fee: \$25.00