

H17000095664

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

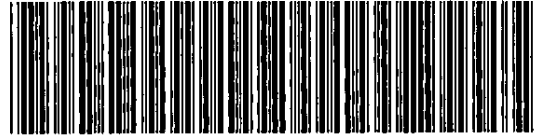
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100298683861

05/12/17--01010--026 **25.00

2017 MAY 12 P 4: 32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

D. BRUCE
MAY 15 2017

COVER LETTER

TO: **Registration Section
Division of Corporations**

Olive Joose LLC

SUBJECT: _____
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:

Scott Olive

_____ Name of Person

Olive Joose LLC

_____ Firm/Company

2424 robinson ave

_____ Address

Sarasota, FL 34232

_____ City/State and Zip Code

scottoliveart@yahoo.com

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

For further information concerning this matter, please call:

Scott Olive

_____ Name of Person

941

at (_____)

Area Code

549-9428

Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 MAY 12 P 4: 32

FILED

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

**TO
ARTICLES OF ORGANIZATION
OF**

Olive Joose 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 may 1, 2017 and assigned Florida document number L17000095664.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

N/A

New Registered Office Address:

N/A

Enter Florida street address

Florida

City

Zip Code

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 MAY 12 PM 4:32

FILED

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.

N/A

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	Emily Olive	2424 robinson Ave	<input type="checkbox"/> Add
		sarasota, FL 34232	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Scott Olive	2424 robinson ave,	<input checked="" type="checkbox"/> Add
		sarasota, FL 34232	<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 MAY 12 P 4:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

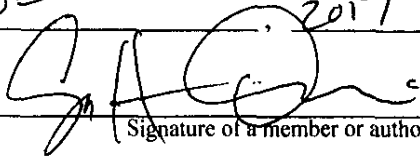
Blank lined area for filing details, crossed out with a diagonal line.

FILED
2017 MAY 12 PM 4:32
SECRETARY 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 May 10th, 2017



Signature of a member or authorized representative of a member

Scott Olive

Typed or printed name of signee