

217000123875

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

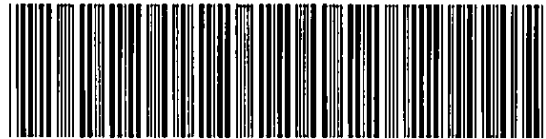
(Business Entity Name)

(Document Number)

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R. WHITE
NOV 19 2018

FILED
2018 NOV -2 AM 10:54
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OLIMEL 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:

RAQUEL MOWRER

Name of Person

OGC ASSOCIATES ORLANDO CORP

Firm/Company

7065 WESTPOINTE BLV STE 303

Address

ORLANDO - FL 32835

City/State and Zip Code

INFO@OGCORLANDO.COM

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

For further information concerning this matter, please call:

RAQUEL MOWRER

407 985-4404

at (_____) _____

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)

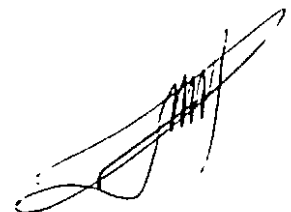
☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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



**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

2018 NOV -2 AM 10: 54

OLIMEL LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 06/06/2017 and assigned
Florida document number L17000123875.

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)

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

City

Florida

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	DEBORA CRISTINA MELOTTO PERES	RUA ARAUCÁRIA N- 820 PARQUE GLÓRIA I	<input checked="" type="checkbox"/> Add
		CATANDUVA- SP	<input type="checkbox"/> Remove
		CEP 15807-180	<input type="checkbox"/> Change
AMBR	DANIELA OLIANI MELOTTO	RUA EXTREMA N- 99 JARDIM DOS COQUEIROS	<input checked="" type="checkbox"/> Add
		CATANDUVA -SP	<input type="checkbox"/> Remove
		CEP 15811-035	<input type="checkbox"/> Change
AMBR	MARCO ANTÔNIO MELOTTO	RUA DOURADINA N- 133 RESIDENCIAL SEBASTIÃO MONTESS	<input checked="" type="checkbox"/> Add
		CATANDUVA- SP	<input type="checkbox"/> Remove
		CEP 15800-000	<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

[illegible]

(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)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

Dated 01/11/2020 02 2018

MELOTTO, MARIO A

~~Typed or printed name of signee~~