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	Division of Co Fax Number	: (850)617-6383	
From:			DEC.
	Account Name Account Number Phone	: GASSMAN, CROTTY & DENICOLO, P.A. : 075350000514	C 27
	Fax Number	: (727)442-1200 : (727)443-5829	AM 8: WE SHA

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN OLIVE BROOK 78 LLC

Certificate of Status	
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**EXAMINER** 

Electronic Filing Menu

Corporate Filing Menu

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## **COVER LETTER**

TO: Registration Sec Division of Corp					
OLIVE BRO	OOK 78 LLC				
	Name of Lim	nited Liability Company			
	Amendment and fee(s) are sub	_			
	Alan S. Gassman				
		Name of Person	<del></del>		
	Gassman, Crotty & Denice	olo, P.A.			
		Firm/Company			
	1245 Court Street				
		Address	<del></del>		
	Clearwater, FL 33756				
		City/State and Zip Code		2018	
	E-muil address: (	to be used for future annual report notifi	cution)	DEC 2	"Ť.
For further information co	ncerning this matter, please o	all:		27	ļ
Adriana Choi		727 442-1200		도 도 목	
Name of	Person	Area Code Daytime	Telephone Number	8: 59	
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 enotosed)	Certified C	of Status &	

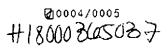
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

OLIVE BROOK 78 LLC			
(Name of the Lim	ited Liability Company as It (A Florida Limited Liability	now appears on our records.) Company)	
The Articles of Organization for this Limited 1 Florida document number L17000257173			and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name (	of the limited liability cor	mpany here:	
uiling address MAY BE A POST OFFICE BOX)			
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)  B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:	or registered office addines here: Alan S. Gassman	dress on our records, <u>enter</u>	the name of the new
New Registered Office Address:	1245 Court Street	Enter Florida street address	2
	Clearwater City	, Florida <sup>33</sup>	3756 \$ ≥ ∏
New Registered Acont's Signature, if changing F	Registered Agent:		8: 5
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registering filed to merely reflect a change in the property has been notified in writing of this company has been notified in writing the c	er and complete perform stered agent as provided registered office address change.	tance of my duties, and I am , I for in Chapter 605 F.S. Or	ree to comply with the familiar with and if this document is mitted liability



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> Lism Wehde	Address	Type of Action
MGR ———		2341 Bartolo Drive	
		Land O Lakes, FL 34639	
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			□ Add
			□ Change
			[] Add
			D Remove
			Change
			Add ##
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<b>ffe</b> ctiv	e date, if other than the date of filing:  (optional) (	
ion offe lote:	ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Parsiant to the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list.	5.020 ted a
ocume	t's effective date on the Department of State's records.	
		1
e reco The	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the all oth day after the record is filed.	er d
	De com ball 2x 2018	(
ated _	December 27. 2018	
	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00