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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO: Registration Section Division of Corporations								
SUBJECT: Olympus Realty Investments, 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:								
Gary Marzoahi Jr. Name of Person								
Olympus Realty Investments, LUC								
140 Litch Field Ave								
Elmont, NY 11003 City/State and Zip Code								
O Mazzochi - O Impus @ hotorail-com E-mail address: (to be used for future abnual report notification)								
For further information concerning this matter, please call:								
Gary Mazzocchi Jr. at 516 761-2469 Name of Person Area Code Daytime Telephone Number								
Enclosed is a check for the following amount:								
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$ \$\ (additional co								

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

Olympus Realty Inv Name of the Limited Liability Comp (A Florida Limited	estmonts, LLC any as it now appears on our records.) Liability Company)				
The Articles of Organization for this Limited Liability Company Florida document number $L = 18000019069$	2110210	and assigned			
This amendment is submitted to amend the following:		72			
A. If amending name, enter the new name of the limited liab	pility company here:	\$ 30			
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the	e abbreviation "L.L.C."			
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	238 43rd Ave St. Peters burg	North FL 33703			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent: New Registered Office Address: 2121					
	City	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 aniending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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