

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H21000328635 3)))



H210003286353ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ACCOUNT BOOKKEEPING CORP
Account Number : I20120000055
Phone : (407)898-1757
Fax Number : (407)897-5336

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: customer@abkcorp.com

FILED
2021 SEP -2 PM 5:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
RED OLIVE LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

FILED
2021 SEP -2 PM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

BB
9/3/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RED OLIVE 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:

STEPHANIE CASTRO

Name of Person

ACCOUNT BOOKKEEPING CORP

Firm/Company

5301 CONROY RD, STE 140

Address

ORLANDO, FL 32811

City/State and Zip Code

CUSTOMER@ABKCORP.COM

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

FILED
2021 SEP -2 PM 5:53
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

For further information concerning this matter, please call:

STEPHANIE CASTRO

407 898-1757

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

RED OLIVE 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 02/15/2018 and assigned
Florida document number L18000041830

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:

CRISTIANE R REDUA

New Registered Office Address:

6437 Crestmont Glen Ln

Enter Florida street address

Windermere

Florida

34786

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 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	MARCOS AREAS REDUA	Rua Lopes Trovao, 88	<input type="checkbox"/> Add
		Bloco A, Apto 1001, ICARAI	<input checked="" type="checkbox"/> Remove
		Niteroi, Rio de Janeiro - Brazil 24220-071 BR	<input type="checkbox"/> Change
AMBR	OLIVE SEA LTD.	201 CHURCH STREET	<input type="checkbox"/> Add
		SANDYPORT, WEST BAY STREET P.O. BOX N-34	<input checked="" type="checkbox"/> Remove
		NASSAU BS	<input type="checkbox"/> Change
AMBR	CRISTIANE R REDUA	Rua Lopes Trovao, 88	<input checked="" type="checkbox"/> Add
		Bloco A, Apto 1001, ICARAI	<input type="checkbox"/> Remove
		Niteroi, Rio de Janeiro - Brazil 24220-071 BR	<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

