4800087164

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
,		
Special Instructions to	Filing Officer:	
		, I
L		





000314384350

06/12/18--01001--026 **S0.00

19 JUN 12 AM 8: 37

N COOPER JUN 1 4 2018

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limi	Olivia's Subs ted Liability Compa (A Florida Limited)	iny as it now appears on	our records.)			
The Articles of Organization for this Limited Liability Company were filed on 04/06/2018 Florida document number L18000087164					and assigned	
This amendment is submitted to amend the foll	owing:					
A. If amending name, enter the new name of	f the limited liab	ility company here:				
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the design	nation "LLC" or the abl	breviation "L.	L.C."	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		2318 Seven Springs	Blvd.		Ü	
		New Port Richey, F	°L	8	¥ ₅	
	····	34655		MUN	200	
Enter new mailing address, if applicable:		2318 Seven Springs	Blvd.	12 AF	ARY OF	
(Mailing address MAY BE A POST OFFICE	BOX)	New Port Richey, F	'L	ထ္	(S)	
		34655		37	<u> </u>	
B. If amending the registered agent and registered agent and/or the new registered o Name of New Registered Agent: New Registered Office Address:		e: rings Blvd.		the name	of the no	
	Enter Florida street address					
	New Port Richey City		, Florida			
New Registered Agent's Signature, if changing	Registered Agent:	- · · ·		Esp Civile		
I hereby accept the appointment as registere provisions of all statutes relative to the prop accept the obligations of my position as regi	ed agent and agr oer and complete	ee to act in this cape performance of my	duties, and I am fo	amiliar wit	h and	

If Changing Registered Agent, Signature of New Registered Agent

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 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>	Address	Type of Action
AMBR	Fatos Cala	2318 Seven Springs Blvd.	
		New Port Richey, FL	Remove
		34655	
AMBR Elona Leka	Elona Leka	2318 Seven Springs Blvd.	5
		New Port Richey, FL	
		34655	Remove
			☐ Change
			Add
			Remove
			Change
			□ Add
			□ Remove
			Change
			□ Add
			□ Remove
			Change
			□ Add
			□ Remove
			□ Change

·		_
		-
		_
		_
		-
		_
		_
		_
		_
	=	¥10
		- <u>}</u>
	_ _	_選選 つご
	12	£ 732-
	A	÷ Ω Ω
		-RS
	<u> </u>	-0. -0.
ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing	(optional)	
effective date is listed, the date must be specific and cannot be prior to date of filing e: If the date inserted in this block does not meet the applicable statutory to	or more than 90 days after filing.) Pursuant to 60 filing requirements, this date will not be list	05.0207 sted as
ument's effective date on the Department of State's records.		
record specifies a delayed effective date, but not an effective he 90th day after the record is filed.	ve time, at 12:01 a.m. on the earl	lier of
06/04/2018		
ed 06/04/2018		
Signature of a number or authorized representa		

Page 3 of 3

Typed or printed name of signee