L18000155318

(Requestor's N	ame)
(Address)	
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(City/State/Zip/	Phone #)
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2019 C. S. - S. PH12: 05

Amend

JUN 21707 I ALBRITTON

COVER LETTER

SJ OLIVE LINK LLC SUBJECT:	
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:	
DAVID OLIVA ARMAS	
Name of Person	
SJ OLIVE LINK LLC	
Firm/Company	
451 CRESCENT DR. APT 5	
Address	
MIAMI SPRINGS, FL 33166	
City/State and Zip Code DAVIDOLIVA1964@GMAIL.COM	
E-mail address: (to be used for future annual report notification	on)
For further information concerning this matter, please call:	
DAVID OLIVA ARMAS 786 930-0420	
Name of Person at () Name of Person Area Code Daytime Tele	phone Number
Enclosed is a check for the following amount:	
·	□ #40.00 ET . E
S25.00 Filing Fee S25.00 Filin	☐ \$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

(Name of the Limited Liability Company as it now appears on (A Florida Limited Liability Company)	our records.)
he Articles of Organization for this Limited Liability Company were filed on 06/25/2 lorida document number L18000155318	and assigned
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability company here:	
ne new name must be distinguishable and contain the words "Limited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	2005
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
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	25
. If amending the registered agent and/or registered office address on ougistered agent and/or the new registered office address here:	r records, enter the name of the
Name of New Registered Agent:	
New Registered Office Address:	
The William Control of	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	DAVID OLIVA ARMAS	451 CRESCENT DR APT 5 MIAMI SPRINGS FL 33166	
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Construction of the Constr	05/31/2019		(Alizan D	
ffective date, if other than the date must work. If the date is listed, the date must work. If the date inserted in this blococument's effective date on the Department.	be specific and cannot be prior ck does not meet the applic	able statutory filing	(optional) e than 90 days after filing.) Purs requirements, this date will i	mant to 605,0207 not be listed as
e record specifies a delayed The 90th day after the reco		t an effective tir	ne, at 12:01 a.m. on t	he earlier of
ated MAY 31		- (la)		
S	ignature of a member or author	orized representative o	f a member	
DAVID OLIVA ARMAS		10		

Page 3 of 3

Filing Fee: \$25.00