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18 SEP -6 FF 5: 36

S. PRATHER

## **COVER LETTER**

Tb: Registration Section Division of Corporations
SUBJECT: TULAPH Oliversod 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:
Abdelmonaem AllAvi Name of Person
Fular Olivewood LLC
9265 Cootha Rd
Address On Contract On Contrac
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Abdemonar Alfani at (863) 258 7353  Name of Person  Name of Person  Name of Person  Name of Person
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee  □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee.  Certificate 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 ARTICLES OF ORGANIZATION

	TO		
ARTICLE	S OF ORGAN	NIZATION	. 6
	OF		. F
(Name of the Limited Liab) (A Flori	ility Company as it no	w appears on our record	
		7/21	\ \Q \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
The Articles of Organization for this Limited Liability	Company were file	d on1	and assigned?
Florida document number <u>L1800018</u> °	<u> </u>		
This amendment is submitted to amend the following:			<b>V</b>
A. If amending name, enter the new name of the line ARHU Divews  The new name must be distinguishable and contain the words "Line new name of the line new name new name of the line new name new name new name of the line new name ne	od LLC	<u>.                                    </u>	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
Enter new principal offices address, it applicable. (Principal office address MUST BE A STREET ADL			<del></del>
(Principal office address MUST BE A STREET ADL	/ <u>KE33/</u>		
		_	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			<del>_</del>
	<u> </u>	<del></del>	
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		lress on our record	s, enter the name of the new
		_	
Name of New Registered Agent:			
New Registered Office Address:			
		Enter Florida street addre:	73
		, Fi	orida
	City		Zip Code
New Registered Agent's Signature, if changing Register			
I hereby accept the appointment as registered agen provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this change	complete perform agent as provided red office address,	ance of my duties, at for in Chapter 605,	nd I am familiar with and F.S. Or. if this document is
	If Observing Deal	istered Agent Signature	of New Registered Agent
	The manging Regi	stered Agent, Signature	WALLSON RECEIVED OFFICE
	Page 1 of 3		

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 = 1 $AMBR = 1$	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
		/	Change
			Remove
			Change
			Remove
			Change
			Add
			Remove
•			Change

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Effective date	e, if other than the date of filing: (opti	ional)
(If an effective da	the is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after attended in this block does not meet the applicable statutory filing requirements, this	r filing.) Pursuant to 605.0207 (
	fective date on the Department of State's records.	is take will not be instead as t
	pecifies a delayed effective date, but not an effective time, at 12:01 day after the record is filed.	a.m. on the earlier of:
_	A . 3 2217	· , SEP .
Dated	14 3010	-5 t ග
	AND I ami	•
-1-	Signature of a member or authorized representative of a member	<u>₹</u>
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	Athill morgan AllAN	। ज

Page 3 of 3

Filing Fee: \$25.00