

L1800020473

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

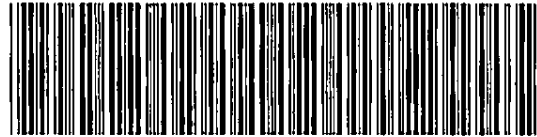
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2018 DEC -3 PM 3:43
SECRETARY OF STATE
TALLAHASSEE, FL

*LTJ
12-10-18*

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Olive Tree Services, 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:

Kevin J. Guzman
Name of Person

Olive Tree Services, LLC
Firm/Company

2538 Wilson St. (back of the house)
Address

Hollywood, FL 33020-2657
City/State and Zip Code

OTS7@protonmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kevin J. Guzman at 201, 877-3819
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2018 DEC -3 PM 3:43

Olive Tree Services, LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 08/22/2018 and assigned
Florida document number L18000201473.

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)

2538 Wilson St
Hollywood, FL 33020-2657
(Back of the house)

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:

Florida Registered Agent LLC

New Registered Office Address:

3030 N Rocky Point Dr, STE 150A,

Enter Florida street address

Tampa

City

Florida

33607

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>
MGR	Kevin J. Guzman	2538 Wilson St	<input checked="" type="checkbox"/> Add
		Hollywood, FL 33020-2657	<input type="checkbox"/> Remove
		(Back of House)	<input type="checkbox"/> Change
AMBR	Yadira Gil	2538 Wilson St	<input checked="" type="checkbox"/> Add
		Hollywood, FL 33020-2657	<input type="checkbox"/> Remove
		(Back of House)	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

I (Kevin J. Guzman), owner of Olive Tree Services LLC moved from 3245 Lincoln St, Hollywood, FL 33021, to 2538 Wilson St. Hollywood, FL 33020. This is my principal address as I reside & live there. My business is in the transportation industry, I work over the road as an Owner-Operator. I Drive Tractor-Trailers throughout the North-South East corridor of the U.S.

E. Effective date, if other than the date of filing: 08/22/2018 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated November, 3rd 2018

Signature of a member or authorized representative of a member

Kevin J. Guzman
Typed or printed name of signee