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(Requestor's Name)	
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(Document Number)	:
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COVER LETTER

TO:

Registration Section

Division of Co	rporations				
	ROUP, LLC				
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Tim A. Shane				
		Name of Person			
	Tim A. Shane PA				
	-	Firm/Company	·		
	4400 N. Federal Highway	Suite 210			
		Address		22 (
	Boca Raton, FL 33431			SEP 22	
	T' OT' NO	City/State and Zip Code		2 -	
	Tim@TimAShane.com	to be used for future annual report noti	Continu	$\equiv \Xi$	<u>:</u> ::
For further information c	concerning this matter, please c	•	neation)	AH II : 05	
Tim Shane		561 305-6015			
Name o	t Person	at () Area Code Daytim	e Telephone Number	_	
Enclosed is a cheek for the	he 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 Certificate of Certified Cop (additional copy	Status & y	
Mailing Address Registration (<u>Street Address:</u> Registration Sec	ction		
Division of C	Corporations	Division of Cor	porations		
P.O. Box 632		The Centre of T			
Tallahassee, I	rl 34314	2415 N. Monro	Street, Suite 810		

Tallahassee, FL 32303

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

OLENA GROUP, LLC		
(<u>Name of the Limited Liability Con</u> (A Florida Limite	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	ny were filed on 09-05-2018	and assigned
Florida document number L18000211903		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li-	ability company here:	
he new пате must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC" or the	abbreviation"L.L.C."
Enter new principal offices address, if applicable:		38 1015 1015
Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		= 01
Enter new mailing address, if applicable:		<u>;</u>
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	e address on our records, enter the nar	ne of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
New Registered Agent's Signature, if changing Registered Agen	City	Zip Code

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

Title	<u>Name</u>	Address	Type of Action
MGR	BOJAN TEGOVSKI	101 E. Camino Real #1219	= Add
		Boca Raton, FL 33432	□ Remove
MGR	MILENA DAMCHEVSKI	928 Escobar Ave	
		Coral Gables, FL 33134	П Rепюче
			□Change
			17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
			Remove 22
			Change
194			
			□Change
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an effective date ote: If the dat	if other than is listed, the date e inserted in th ctive date on th	must be specific is block does n	c and cannot b not meet the	applicable	e of filing or statutory fil	more than 90 ing requires	(optio days after f nents, this	iline.) Pu	rsuant to not be	605.020 listed as
record specifie is filed.	s a delayed effe	ective date, but	not an effec	ctive time, a	it 12:01 a.m	. on the ear	lier of: (b)	The 90	th day a	ifter the
ated 09	<u> </u>			·						
		1:1								
		/Signature o	if a member o	r authorized	renresentativ	e of a memb				

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Filing Fee: \$25.00