

L18 000 211 903

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

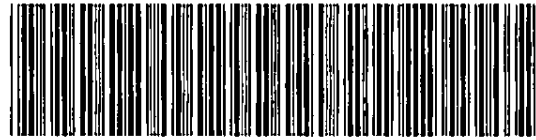
(Business Entity Name)

(Document Number)

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09/22/22--01015--013 **25.00

22 SEP 22 AM 11:05

STATE OF TEXAS
DEPARTMENT OF COMMERCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OLENA GROUP, 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:

Tim A. Shane

Name of Person

Tim A. Shane PA

Firm/Company

4400 N. Federal Highway Suite 210

Address

Boca Raton, FL 33431

City/State and Zip Code

Tim@TimAShane.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tim Shane

561 305-6015

Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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RECEIVED
DIVISION OF CORPORATIONS

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	BOJAN TEGOVSKI	101 E. Camino Real #1219	<input checked="" type="checkbox"/> Add
		Boca Raton, FL 33432	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MILENA DAMCHEVSKI	928 Escobar Ave	<input checked="" type="checkbox"/> Add
		Coral Gables, FL 33134	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
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COMMUNICATIONS SECTION


DIVISION OF CONSUMER PROTECTION
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(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)

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 09-07-22;


Signature

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00