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SECRETARY OF CALCE

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COVER LETTER

Div	ision of Cor	porations		
ALID RESTL	Oliv Pit Bo	ca LLC		
SUBJECT		Name of Lar	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Yuri Tsyganov		
			Name of Person	
		Name of Limited Liability Company of Amendment and fee(s) are submitted for filing. prondence concerning this matter to the following: Yuri Tsyganov Name of Person		
		1620 SE 1st Street	Address	
		Fort Lauderdale FL 33301	City/State and Zip Code	
		E-mail address: (to be used for future annual report not	ification)
For further in	nformation c	oncerning this matter, please co	all:	
Yuri Tsygan	ov			
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a	check for tl	ne following amount:		
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Oliv Pit Boca LLC		
(<u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Con	npany were filed on 11/01/2018	and assigned
Florida document number L18000257196	,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LI,C" of	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		3.
		98° F
B. If amending the registered agent and/or register registered agent and/or the new registered office addres		enter the name of the nev
Name of New Registered Agent:		
		
New Registered Office Address:	Enter Florida street address	
		da
	(iiy	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>	Type of Action
AMBR	Richard Miller	12428 SE Central Park Court Happy Valley OR 97086	= Add
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Effective date, if other than the date of filing:	(optional)	. 207 .
Note: If the date inserted in this block does not meet the applicable statu	itory filing requirements, this date will not be listed	i as t
document's effective date on the Department of State's records.		
		¢
ne record specifies a delayed effective date, but not an eff The 90th day after the record is filed.	ective time, at 12:01 a.m. on the earlier	r or:
Dated		
- All the	resentative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00