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(Req	uestor's Name)	
(Addı	ress)	
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(City/	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	iness Entity Nar	ne)
(Doce	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	iling Officer:	





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COVER LETTER

	Registration Se Division of Cor				
SUBJEC		es Seminole LLC			
		Name of Lim	ited Liability Company	•	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
		indence concerning this matter	-		
1 10430 10	turn un correspo	nacioe concerning and matter	to the following.		
		Robert J Hilsky			
			Name of Person		
			Firm/Company		
		11796 79th Ave			
			Address		
		Seminole, Fl 33772	 - -		
		robhil48@gmail.com	City/State and Zip Code		
		E-mail address: (to be used for future annual re	eport notification)
For furthe	er information co	oncerning this matter, please ca	all:		
Robert J	Hilsky		727 366 at ()	9775	
	Name of	f Person	Area Code	Daytime Telep	hone Number
Enclosed	is a check for th	ne following amount:			
\$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclo		□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section		Registrațio		DDRESS:	
	Division P.O. Bo	n of Corporations ox 6327	Division o Clifton Bu	f Corporations	
		ssee, FL 32314	2661 Exec	cutive Center Ci e, FL 32301	rcle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Three Olives Seminole LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 2/26/2019 and assigned Florida document number L19000056144 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 "LLC." Enter new principal offices address, if applicable: Ġ (Principal office address MUST BE A STREET ADDRESS) 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: New Registered Office Address: Enler Fiorida street address , Florida City 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.

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

If amending	g Authorized Person(s) authorized to n from our records:	nanage, <u>enter the tit</u>	e, name, and address o	of each person being adde
MGR = Manager AMBR = Authorized Member				
Title	<u>Name</u>	Address	1	Type of Action
MBR	Global Management Support LLC	123 OAK WOOD 33770	Dr Largo, FI	□ Add
				■ Remove
				Change
MBR	Robert J. Hilsky	11796 79th Ave	N Seminole, FI	🗆 Add
				Remove
			1	Change
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				Remove
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ffective date, if other than the date of filing:	. 0207
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste locument's effective date on the Department of State's records.	ed as
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie The 90th day after the record is filed.	er of
October 24 2019	
Just Helicy J.	
Signature of a member of authorized representative of a member	
Robert J. Hilsky Ja	
Typed or printed name of signee	
Page 3 of 3	

Filing Fee: \$25.00