L1900) 189 796

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(Address)
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2019 SEP 12 PM 2: 57

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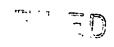
то:	Registration Se Division of Cor			
SURI	OLIVE FIS	HER LLC		
301	<u></u>	Name of Lim	ited Liability Company	
The e	nclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	e return all correspo	ndence concerning this matter	to the following:	
		OLIVE FISHER		
		OLIVE FISHER LLC	Name of Person	
		Firm/Company 5860 NW 64TH AVE, BLDG 24 #203,		
		TAMARAC, FL 33319	Address	
		Horaceprince53@gmail.com		
			to be used for future annual report notif	cation)
For fu	arther information c	oncerning this matter, please ca	all:	
HOR	ACE PRINCE		954 240-8062 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclo	sed is a check for th	ne 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**



OLIVE FISHER LLC

2019 STD 12 PM 2: 57

(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	y were filed on $\frac{07-24-20}{}$	19 and assigned		
Florida document number L 19000189796				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company here:			
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designat	ion "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
(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 o		records, enter the name of the no		
registered agent and/or the new registered office address he	<u>re</u> :			
Name of New Registered Agent:				
New Registered Office Address:	Entry Elizabeth ata	and address		
	Enter Florida street address			
 	City	, Florida Zip Code		
New Registered Agent's Signature, if changing Registered Agent	•	Esp Cinic		
I hereby accept the appointment as registered agent and ag				

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>	Address	Type of Action
MGR	OLIVE FISHER	5860 NW 64TH AVE. BLDG 24 #203, TAMARAC, FL 33319	
			□ Remove
AMBR	MARCIA GORDON	5860 NW 64TH AVE, BLDG 24 #203, TAMARAC, FL 33319	
			Remove
			□ Remove
			□ Change
			Remove
			Change
			☐ Remove
			Change
			Add
			□ Remove
			Change

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ctiv	e date, if other tha	n the date of fil	ing:		(or	otional)	
effec	tive date is listed, the da the date inserted in	ate must be specific:	and cannot be price	or to date of filing or	more than 90 days a	fter filing.) Pursuant to	605.020 listed a
umer	t's effective date on	the Department of	of State's record	s.			
	rd specifies a de Oth day after the			ot an effective	time, at 12:0	l a.m. on the ea	ırlier
, S	eptember 9th		2019				
-u _			$\overline{(i)}$	·			
		-	11/				

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Typed or printed name of signee

Filing Fee: \$25.00